

JUNE, 1937.

No. 1

THE HOMOEOPATHIC BULLETIN

Edited by : Dr. D. N. Chatterjee
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LOCATION OF THE PAIN.

Chart 1.

1. Inflamed eyes or Neuralgia.
- 2, 3, & 4. May be due to constipation- Dyspepsia, or Nasal disease
(Frontal headaches)
5. Diseased teeth, Neuralgia
6. Diseased teeth, Neuralgia, Mumps.
7. Tonsillitis, Inflamed glands.
8. Angina Pectoris.
9. Pregnancy, Ovarian disease, Hysteria, Neuralgia, Abscess, Cyst or
Cancer of the breast.
10. Impacted splenic colon, Colitis, Stomach Ulcer or Cancer, Enlarged
spleen, Acute Rheumatism.
11. Stomach.
12. Kidney and gall bladder.
13. Stomach, Ulcer, Cancer of omentum
14. Seat of pain reflected from the appendix (Appendicitis)
15. Uterus or womb
16. Cystitis, Neuralgia. Ulcer Uterine or ovarian disease, Inflammation,
Menstrual pains.
17. Ovary, inflammation or Neuralgia.
18. Ovarian disease.
19. Ovarian or uterine disease, Displaced uterus Prolapsed Ovary.
20. Rheumatism, Peritonitis, Pott's tuberculosis, Locomotor Ataxia.
21. Rheumatism, Spasm at ankle.

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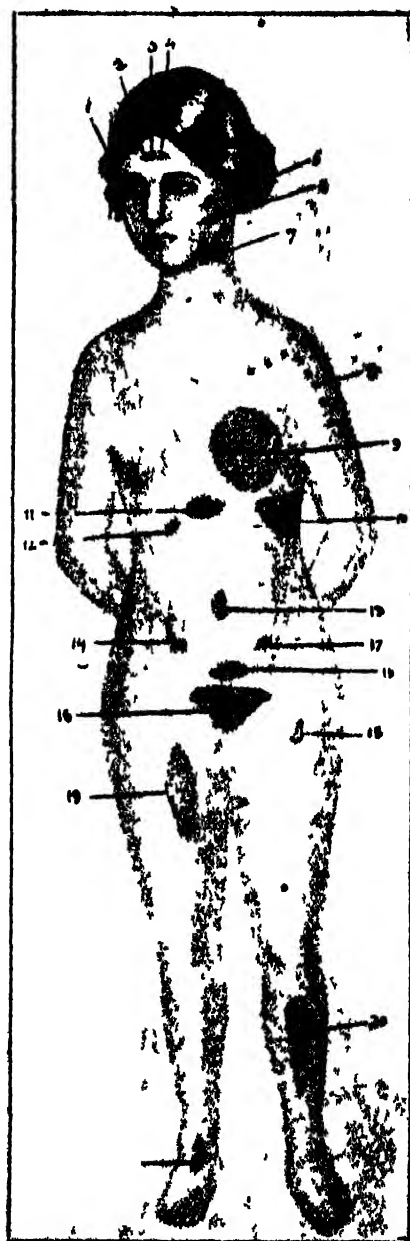
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CHART 1

Location of Pain.

This is not an
Anatomical chart,
and does not show
the location of the
organ



The shaded portions in this chart indicate the location of the pain
and the source of trouble.

—Opinion on—

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—Amrita Bazar Patrika—

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THE HOMOEOPATHIC BULLETIN

Vol X]

JUNE, 1937.

[No. 1

"Gentlemen of the old school, you cannot deny that when we had a fair opportunity to compete with you, the palm has been ours. We have shown you that Homoeopathic surgeons equal those of your school in operative skill, and we have demonstrated to you what homoeopathic therapeutics can do in lessening post-operative mortality. In the name of science we challenge you to meet us in open trial. In the name of our suffering humanity, we demand an opportunity to do our duty. Give us hospitals, and then by our works you shall know us, and by our fruits we will gladly be judged."

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HOMOEOPATHY IN LEGISLATURE.

RESOLUTION RE INTRODUCTION OF HOMOEOPATHIC TREATMENT IN GOVERNMENT HOSPITALS AND RECOGNITION OF HOMOEOPATHIC COLLEGES IN INDIA.

Mr. M. Ghiasuddin (Punjab : Landholders) : Sir, I beg to move.

"That this Assembly recommends to the Governor General in Council that he may be pleased to introduce homœopathic treatment in Government hospitals and give homœopathic colleges in India the same status and recognition as in the case of allopathic colleges."

Sir, this science of homœopathic treatment was first invented in Germany by a man called Dr. Hahnemann, who was a royal physician in Germany and was a scholar of a many languages. This person was also a scientist of great eminence. The system is based on the principle of *similia similibus curentur*, that is to say, that "like cures like". For instance, if some medicine or drug is administered to a healthy person and it produces certain symptoms, the same medicine or drug, if given to a sick person, will cure those symptoms. After some time, Sir, this system of treatment achieved some popularity in most parts of Europe, and it was introduced into India by a gentleman—I do not know if I am pronouncing his name rightly—called Dr. Fabre Tonnere. This system received the patronage of high officials like General Sir John Litter, who was Deputy Governor of Bengal, and other distinguished personages. It rapidly acquired popularity and among its patrons in India there are persons like Mahatma Gandhi, Dr. Tagore, Sir J. C. Bose, Sir P. C. Roy and Pandit Madan Mohan Malaviya. In other countries there are also hospitals working under this system of medicine and they are patronised by eminent scientists and also other notables. For instance, the patronage of Royal family is enjoyed by the Homœopathic School in London and also an eminent homœopath was appointed personal physician to his Majesty King Edward VIII. Sir, it is not for me to say much about the relative values of the two systems of treatment because, not being a scientist myself, it is not safe for me to wander into these regions. All I can say is that these two systems are working side by side in other countries and the homœopathic system is being worked with great success in those countries.

HOMŒOPATHY IN LEGISLATURE

The chief features of the system are ; firstly the cheapness of its medicines." Ours is a poor country and in order to supply medicines to the vast population, we require medicines which can be had cheap. As under this system we can have medicines very cheap, it can be recommended to the Government to be introduced. Then, there are good many diseases which this system can cure better than the allopathy, so is claimed by homœopathic doctors. This system is especially useful in epidemics, like cholera, etc. Another thing in favour of this system is that it does not require surgery to the same extent as the allopathy does. Good many diseases can be cured just by giving medicines for which there are no medicines in the allopathic system, such as, appendicitis, etc. Good many scientists, both in this country and abroad, who were practising allopathy started this system instead and among their names can be mentioned that of Dr. Beir and Dr. Mohendra Lal Sircar, who were both eminent doctors and surgeons.

Now, Sir, one more plea that I am going to make on behalf of the homœopathic system is this. Already in this country there are four systems for curing diseases working side by side. There is the allopathy and the homœopathy which, although not officially recognised, is making quite a good progress. Then there is the Unani system and the Vedic system. If this system is given the patronage of the Government and is duly recognised, all these sciences can pool their resources together and some new system can be evolved which will ameliorate the conditions of the suffering humanity. I admit the fact that I am making this request rather late in the day. The provincial autonomy has come in and the Central Government have been shorn of good many of their previous powers. Still, I do hope that they will show some sympathy to this demand and will at least use their moral influence on the Provincial Governments by doing something here for the sake of this science, which will be a good example to the self-governing provinces. There is a genuine public demand for this system to be introduced. Since yesterday I have received shoals of telegrams and all sorts of literature which I have not been able to read. That shows that there is a genuine demand and I hope the Government will be sympathetic towards it.

Sir, I move.

Mr. President. (The Honourable Sir Abdur Rahim) : Resolution moved :

"That this Assembly recommends to the Governor General in Council that he may be pleased to introduce homoeopathic treatment in Government hospitals and give homoeopathic colleges in India the same status and recognition as in the case of allopathic colleges."

Dr R. D. Dalal, (Nominated Non-Official) : Mr. President, I

12 NOON. warmly appreciate the good intentions of my Honourable friend, Mr. Ghiasuddin, in moving this Resolution,

and with your permission I propose to address to this Honourable House a few remarks on the subject of the Resolution. In the first place, let me explain very briefly what homoeopathy is. Homoeopathy was introduced in 1796 by a German physician by name Samuel Hahnemann, a native of Meissen in Germany, Hahnemann was born at Meissen in 1755, and he died in Paris in 1843. Hahnemann received his medical education in Leipzig and Vienna. After finishing his medical education, he started private practice at Leipzig, very soon Hahnemann was very much struck by the fact that symptoms produced by drugs, such as quinine, in healthy individuals were similar to those of the diseases which they were administered to cure. Hahnemann further found that drugs in much smaller doses than were generally employed effectively exercised their curative action. These are the essential tenets of the system Hahnemann called Homoeopathy. But at Leipzig, the members of the medical profession were hostile to the system, and they viewed it with much mistrust—in fact homoeopathy was absolutely denied by the members of the medical profession generally, what is more, even the members of the homoeopathic school were divided into factions. So, Hahnemann was forced to leave Leipzig and to go to France. He settled in Paris, where he died in 1843. At the present day homoeopathy has comparatively speaking very few practitioners, and very few homoeopathic institutions have been founded. Sir, every institution that seeks or professes to alleviate human suffering deserves the sympathy of every right-thinking person. But Great Britain and other countries of Europe, America, Australia, Africa, Egypt, Japan and China are all agreed on a common symptom of scientific medical education, and in all countries it is quite competent for a registered medical practitioner to make use of any reasonable form of treatment homoeopathy, hydropathy or hypnotism which he thinks will be beneficial to his patient. Sir, I am the pioneer of red cross travelling system of medical relief in India : and while the Honourable the

HOMŒOPATHY IN LEGISLATURE

Mover desires the introduction of homœopathic treatment in Government hospitals, I would suggest that as a beginning every tahsil and taluqa should have a travelling dispensary in charge of a qualified medical man trained in western medical science. The observations and clinical experience of medical men tried in western medicine, which has stood the test of centuries, are of immense benefit to the masses in this country. Western medicine has been adopted and practised with considerable success in the remotest corners of the world.

Sir, if a man is a qualified doctor, there are his qualifications to secure his registration ; but in the present state of affairs how are the homœopaths without any definite standard of education to be registered ? The illiterate and ignorant would suffer considerably in consequence of any one setting up as a practitioner of homœopathy. Sir, the expense of introducing homœopathic treatment in Government hospitals and establishing homœopathic colleges would be enormous and the funds at the disposal of the Local Governments are very strictly limited. Sir, I fear that this Resolution interferes with the powers of the Provincial Legislatures. Provincial Autonomy has just been inaugurated, and I am sure that this question would be strongly resented by the Provincial Legislatures and would be considered as interfering unnecessarily with their powers. This subject is a matter entirely for provincial Ministers. We should leave it to the provincial Ministers ; they will do what is right and what is demanded by the people of the different Provinces. I am quite confident that interference in provincial matters is the last thing which this Honourable House wishes to countenance. Sir, I think the best course for my Honourable friend, the Mover, would be to enlist the sympathy and assistance of his friends in the different Provincial Legislatures ; and I hope that the Honourable the Mover, will be induced to withdraw the Resolution ; and to leave this matter to the Local Governments to do as they think best in the interests of the masses committed to their care.

Mr. Lalchand Navalrai (Sind: Non-Mohammadan Rural).

Sir, I give my whole-hearted support to this Resolution. After hearing my Honourable friend, Dr. Dalal, I thought that he was giving his blessing to this system of homœopathy and I thought, expert as he is, his word will be considered as a very weighty one.

But, Sir, I am sorry that he whittled down all his sympathy and his

enthusiasm when he said that the Government cannot do anything. It is the Local Government that should take care of this business. But what is asked for in the Resolution, put in the words of the Mover, is that he wants sympathy, moral sympathy and also some way of procedure that may be laid down by the Central Government. Even under the present constitution there are certain provinces which are centrally administered areas which lie within the power of the Central Government. I submit it cannot be said that the Central Government have nothing to do with this business in the centrally administered areas. The Government can certainly lay down procedure and precedent for other Governments to follow.

Sir, I need not take much time of the house. The marvellous attainments of this science of healing needs no introduction at the present time when it is universally accepted as the most economical and efficient mode of treatment for the human ills and which is sure to prove a boon to the suffering millions of this country. This scientific system is recognised by almost all the civilised countries of the world which include America, Germany, France and Russia.

In Great Britain also we find that the homœopathic physicians are being given the same rights and privileges as their colleagues of the other system. The London Homœopathic College and Hospital enjoys the proud patronage of the Royal family. It would be recognised that the history of this homœopathy coming into India was this. A homœopathic hospital was started in Calcutta by Dr. C. Fabre Tonnere, M. D., a French homœopath, under the patronage of Lieut. General Sir John H. Litter, J.C.B., the then Lieutenant Governor of Bengal and Sir Henry Maine, the great jurist and a Member of the then Council of the Governor General.

Since then this natural law of cure has widened its boundaries over the length and breadth of this country. Today, we find that notable men, like Dr. Rabindra Nath Tagore, are among its supporters. He says:

"I have long been an ardent believer in the science of homœopathy and I feel happy that it has got now a greater hold in India than even in the land of its origin. It is not merely a collection of a few medicines but a real science with a rational philosophy as its base. We require more scientific interest and inquiry into the matter with special stress upon the Indian environments."

Nothing can be a better certificate than this. It is also a fact

HOMOEOPATHY IN LEGISLATURE

that so many eminent physicians, who having practised allopathy for a considerable number of years and that also successfully, have given up their lucrative practice and embraced homoeopathy. Dr. Bair, the world renowned surgeon, late Dr. Mahendra Lal Sircar, M.D., C.I.E., founder of the all India Science Institute, and others.

Sir, the poverty of this vast country is proverbial and a treatment which effects great economy in the matter of saving of life, time and money can only come to its rescue. I am told the Calcutta Corporation is doing immense service to its citizens by giving financial aid to the Calcutta Homoeopathic Medical College Hospital which is being managed by the Calcutta Homoeopathic Hospital Society. What is asked for in this Resolution is a very modest demand namely, that steps should be taken to introduce homoeopathic treatment in Government hospitals, and to give homoeopathic colleges in India the same status and recognition as in the case of allopathic colleges. I hope the House will be unanimous in accepting this Resolution.

Mr. President (The Honourable Sir Abdur Rahim): Before the discussion proceeds any further the chair would like to mention that Mr. Mohan Lal Saksena sent to the Chair to day an amendment which he wanted to move. In the first place, he ought to have sent any amendment, that he had in mind. to the office officially ; secondly, he is too late ; and, thirdly, he did not even get up to say that he wanted to move an amendment.

Pandit Lakshmi Kanta Maitra (Presidency Division: Non-Muhammadan Rural). Sir, I rise to say a few words in support of this Resolution which is an absolutely harmless one and a very modest one. We have been much too frequently engaged in warfare between this side and that and it is very seldom that an occasion arises here when we can think of devising some means of introducing the healing art. To-day's Resolution comes to us as a bathos for we were to move the Constituent Assembly Resolution and from the Constituent assembly we have climbed down to homoeopathy. Be that as it may, I now ask the House to seriously consider the question whether the Government of this country should any longer continue in their attitude not only of apathy towards this system of treatment but also of active antipathy to it.

Lieut.-Colonel Sir Henry Gidney (Nominated Non-Official) : No. no.

Pandit Lakshmi Kant Maitra : My Honourable friend, Sir

Henry Gidney, says, "No". Perhaps my Honourable friend does not know that this Government have issued a notification in which they absolutely prohibit all Government servants from taking part in homoeopathic practice.

Lieut.-Colonel Sir Henry Gidney : He cannot be a Government servant and a homoeopath at the same time.

Pandit Lakshmi Kanta Maitra : I see no anomaly in it, but the circular says that whoever being in Government service practises homoeopathy for profit or gratis will be amenable to certain pains and penalties. But why should private practice for charitable purposes be banned ?

Lieut.-Colonel Sir Henry Gidney : Because he is a whole time servant of Government, and he cannot serve elsewhere.

Pandit Lakshmi Kanta Maitra : I do not understand what my Honourable friend, Sir Henry Gidney, means. Is a Government servant debarred from doing any acts of charity ? I am, however, referring to this notification of Government to show that far from rendering any assistance to homoeopathy, the Government have adopted measures which go directly against the growth and stabilisation of this system of practice in this country. I do not know much about medicine and materia medica of the science, but I know that this has been a system of treatment which has found favour in this country, And speaking from my personal experience of my own province of Bengal, I can say that this system has made enormous strides during the last 50 years. It is indeed a fact that the first homoeopathic college was established in Calcutta, and to-day we find clusters of well-equipped homoeopathic colleges growing in different parts of Calcutta and outside wherein students are taught this science with Anatomy and Physiology, etc. Sir, it is a well known fact in Bengal that in Calcutta homoeopathic practitioners command very large and lucrative practice and in fact their practice is in no way inferior to that of the greatest allopaths of the city. Sir, mention has been made by an Honourable Member of Dr. Mahendra Lal Sircar. Is it realised what his adoption of homoeopathy meant ? He was in those days one of the most outstanding personalities of India, one of the greatest medical luminaries, and he was the founder of the Indian Institute for the cultivation of science in India. Dr. Mahendra Lal Sircar when he took to homoeopathy firmly believed in it and went on practising it and abjured allopathy altogether. It is

gratifying to find that some of the most authoritative books on homœopathy written by foreign experts frequently make appreciative references to him. This homœopathy is something which was not unknown in this country. There was in ancient India something similar to this system of treatment and its underlying principle *similia similibus curantur* has also its parallel in Sanskrit : a mild and humane system of treatment akin to homœopathy was in vogue in India at the time of King Asoka. When this great king embraced Buddhism he wanted to introduce a system of healing art which would eliminate the necessity of operative surgery and the violent form of treatment which the Ayurvedic system then meant. And a kind of homœopathy in this country arose in that way. It might seem fantastic and raise smiles here and there, but the fact remains that homœopathic principles were known in this country, and that the reason why in this country the homœopathic system of treatment found great favour and even greater favour and popularity than the land of its birth ; and homœopathic practitioners are now carrying on their trade with considerable success. If Government had turned on the scene and regulated the growth and development and the cultivation of this noble science, probably we would not have seen the pitfalls and defects and many other ugly features which disfigure its practice today. We see today legions of quacks growing up here and there with a box of a dozen or so of homœopathic medicines and setting themselves up as practitioners. That is because Government have not done anything to help its growth and expansion on healthy and salutary lines and they have not been able to control the situation. Sir, it seems that Government also in some of their activities accept, occasionally, the principle of *similia similibus curantur*, (like cures like). Whenever there is an isolated act of terrorism by a misguided youth, Government turn round and meet it by an intensified form of organised terrorism with the help of their military and police ! So they are following that ! They are also turning this country, whenever convenient, into a vast laboratory in which they carry on all manner of experiments. Let them make one more experiment and that with homœopathy in this country.

I think, Sir, it is time for Government to seriously address themselves to it, to giving it recognition and encouragement. Sir, homœopathy is eminently suitable for the climatic and economic conditions of this country; and I hope that a measure like this which

does not call upon Government to make any very great sacrifices, pecuniary or otherwise, will receive at least that amount of recognition which has long been its due. I can sympathise with my friends the allopaths who fear that in the event of its recognition by the Government they will have formidable rivals to grapple with. (*Lieut.-Colonel Sir Henry Gidney* ; ‘ ‘Question”) I have every sympathy with them, but I believe that every form of the healing art whether homoeopathic or ayyurvedic or unani, when it seeks to alleviate the pain and sufferings of humanity, should have the encouragement, sympathy and support of every section of mankind. Sir, I support this Resolution.

Dr. Ziauddin Ahmad (United Provinces Divisions : Muhammadan Rural). Sir, I have one or two difficulties in connection with this Resolution. The first is this: everybody knows that the strength of a homoeopathic medicine technically called potency increases with the amount of adulteration with water. If you take one part of medicine and mix it with 100 parts of water, the potency is supposed to have increased to 100, not diminished to $1/100$ th ; and if this $1/100$ th part is again diluted with 100 parts of water, the potency becomes 10,000 and the strength of the medicine is supposed to have increased 10,000 times. If you go on diminishing the actual quantity of medicine the potency of the medicine increases ; as a mathematician, I would then say, if this Process continues *ad infinitum* then the proportion of medicine in a dose will be diminished to zero, potency of the medicine must be increased to infinity. In other words if you take simple water, without putting any medicine in it it must have the highest potency.

An Honourable Member : Are you a doctor ?

Dr. Ziauddin Ahmad : I am putting forward my difficulties and I put a common sense question and I hope that some of the advocates of homoeopathy will answer my difficulty. (Interruptions.) Has every one finished his speech ?

Mr. President (The Honourable Sir Abdur Rahim): The Chair thinks the Honourable Member had better address the chair.

Dr. Ziauddin Ahmad : I say, therefore, the whole treatment is ultimately reduced to treatment by water: plain water will have the highest potency I admit there are *hakims* in this country who treat every disease by giving water alone and this homoeopathic treatment is nothing better than that.

HOMOEOPATHY IN LEGISLATURE

My second difficulty is this—the basis for every other system of medicine is scientific. It is based on physiology, Pathology and *materia medica*—allopathy, unani system and the ayurvedic system are all like that. But in this case I should like to know whether they have anything of the sort. I have talked with some homoeopathic doctors and they say, “We do not care what the disease is, we are only concerned with the symptoms.”

An Honourable Member: They never say that.

Dr. Ziauddin Ahmad: That is what they say: and this is the way they administer the medicine. First, they give medicine to a healthy man and find out what symptoms it produces. That is the whole scientific basis of this system. If more scientific basis exists, I hope some Members will get up and correct me. If any medicine produced symptoms, say, *minus A*, give another dose and it becomes zero again. The treatment practically means $-1 \times -1 = +1$. We have been told that it finds favour among the people. I quite admit it; but treatment by means of *sadhus* and *fakirs* also finds favour among certain classes of the people, treatment with amulets and with holy water and so on also find favour among certain people. By analogy therefore, *sadhus* and *fakirs* ought to be recognised as qualified doctors and should find places in all hospitals.

An Honourable Member: Have you made a study of this?

Dr. Ziauddin Ahmad: I have not made any study of . . .
(Interruptions)

Mr. President (The Honourable Sir Abdur Rahim): Let the Honourable Member not take note of the interruptions.

Dr. Ziauddin Ahmad: The fundamental basis of homoeopathic treatment has not been established to be scientific, nor the theory of potency varying inversely as the quantity of medicine appeals to me. It is said in the Resolution that the same recognition ought to be given to homoeopathic college as is given to allopathic colleges. Now, in the allopathic colleges, scientific subjects, like chemistry, physics, physiology, Pathology, diagnosing of diseases and other things are taught: how is it possible to teach these subjects in a homoeopathic college? They do not believe in diseases, they believe only in the symptoms. I hope that some of the supporters of the Resolution will explain the points I have raised.

Maulvi Syed Murtuza Sahib Bahadur (South Madras Muham-madan). Sir, I rise to accord my whole-hearted support to the

Resolution before the house. Before doing so, I was under the impression that at least non-official Members will support this wholeheartedly ; but I am sorry to see my Honourable friend, Dr. Ziauddin Ahmad, himself is opposing the motion. So far as my honourable friend, Dr. Dalal, is concerned, he is not opposed to it nor does he say that this is not based on science. But our doctor friend, Dr. Ziauddin Ahmad, has come forward to say that it is not based on science. What has potency to do with this ? (Laughter.) Many of us do know something of potential energy and kinetic energy in our college days. But even that has no bearing on the subject before the House. The very fact that so many eminent doctors and founders in allopathic have surrendered allopathic treatment in favour of homoeopathic treatment is sufficient proof that this should not only be recognised, but also patronised by the Government. Sir, I am one of those responsible for this Resolution. The Honourable the Mover in his closing remarks has said that this modest request may be responded to by Central Government so that some moral pressure may be brought to bear on Provincial Governments and they may open their eyes and come forward to patronise this as it is being done in Calcutta and in other places. My friend, Dr. Dalal, has entertained some fears that we are interfering with the powers of the Provincial Governments. We know what the present Provincial Governments are. ("Hear, hear" from Congress Benches.)

Mr. Sri Prakasa (Allahabad and Jhansi Divisions: Non-Muhammadan Rural). Homoeopathic doses. (Laughter.)

Maulvi Syed Murtuza Sahib Bahadur : As has been very aptly remarked by my Honourable friend, Mr. Sri Prakasa, they are homoeopathic doses. So it is the duty of the Central Government to see that the system which has found favour even with the Royal family, even with our former Majesty King Edward VIII, should be patronised by them.

Sir Mahammad Yakub (Rohilkund and Kumaon Divisions : Muhammadan Rural) : And, therefore, he had to go.

Maulvi Syed Murtuza Sahib Bahadur : No, Sir ; he lives a very honourable life. (Hear, hear.) He did not care for the Throne. . . .

Mr. Sri Prakasa : Again it is a case of potency. (Laughter.)

Maulavi Syed Murtuza Sahib Bahadur : There the question of potential energy comes in. (Laughter.) The question of kinetic

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or potential energy comes in when we know that our former Majesty gave up even his Throne. (Laughter.)

Sir when professional men, like my friend, Dr. Dalal, don't come forward to say that this system is not based on science, I am simply astonished to see laymen trying to do so. We know definitely that several eminent allopathic practitioners have given up the allopathic system and are successfully practising the homoeopathic system. The very founder of the All India Science Institute is one of those who has surrendered allopathic treatment in favour of homoeopathy. I mean, the late Dr. Mahendra Lal Sircar, M.D., C.I.E.

Then the other fear entertained by my Honourable friend, Dr. Dalal, was that some quacks might practise this. We do not advocate the cause of quacks in this Resolution. We know that there are many graduates who have qualified themselves in the homoeopathic system of treatment. The Government can patronise them. They can also open schools and colleges to impart instruction in homoeopathic treatment and recognise the products of such schools and colleges.

Another suggestion made by my friend, Dr. Dalal, was that we should have itinery hospitals so that the doctors may go from *taluka* to *taluka* or from village to village, and I quite agree with him in the proposal which is a laudable one. But are the Government prepared to support such a proposition? If the Government are prepared to consider that proposal favourably, then they can also consider the question of opening schools and colleges for instructing people in homoeopathy. I hope, Sir, this modest request made by us will find favour with all the elected Members, including my friend, Dr. Ziauddin Ahmed, also the professional men in the House. With these few remarks, I support the Resolution.

Dr. G. V. Deshmukh (Bombay City : Non Muhammadan Urban) : Sir, it was very refreshing to hear all this discussion about the alleged scientific subject of homoeopathy. At the outset, I must say, Sir, that I am opposed to this Resolution, and I shall presently give my grounds for it. It is not based on any technical ground, such as, that this is a provincial subject and therefore, we should not interfere with it. Indeed, I am very glad that this subject has been brought forward in this House so that we could guide the country by our opinion here. I am not one of those who say that everything scientific is concentrated in the allopathic system of treatment. It is

far from my mind to suggest that every other system of treatment is unscientific. But, Sir, I will say this, that the allopathic system of the modern day has absorbed everything that is scientific in the various other systems. The allopath rejects nothing, at the same time he is not willing to accept everything on faith or because a few doctors have given up the allopathic system and taken to homoeopathy successfully or that there are some mystic things said about it. To accept any system of treatment, I must be based on solid scientific ground, and when we come to the homoeopathic system, that is so much praised in this House today, what do we find? Nobody will deny that every system of treatment must be based on an accurate knowledge of the human body. What would you say of an engineer or let us say of a taxi driver, if he set himself up and said that he would do all the repairs of motor cars without his ever having dismantled a car? Now, in regard to the homoeopathic system, or I may say even in regard to the Ayurvedic or Unani system, I think there is a great defect in these systems in that there is no regular scientific method of teaching the subjects. Nobody can accuse me of being hostile to these systems, because in my own way, Sir, I have tried my best to advance the cause of these indigenous systems so that a good direction might be given to both the Ayurvedic and Unani systems. Indeed, Sir, it might interest the House to know that I even presided at an Ayurvedic Conference, and the point that I emphasised on those who were responsible for that Conference was that they should have a regular scientific method of teaching the systems, so that those who will practise the respective systems should be well conversant with what you may say the fundamental facts of the human body, without which it is absolutely impossible for anybody, except for a superstitious person, accept treatment under any of these systems. And to my regret, I find that the suggestions I had made nearly 10 or 15 years ago to some very prominent Ayurvedic doctors and to those who were following the different systems have not yet been cried out. I had suggested that they should start school and colleges in which the dissection of the human body could be carried out. They should have laboratories there to show to the students how the human body is functioning, what the physiology of the human system is. Not only that, I also suggested that no mountebank, because he happens to go about with some old practitioner for a few months, should be allowed to set himself up as a practitioner within six months or even in a

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year's time. There ought to be properly constituted examining bodies so that those who were going to practise these systems should be properly recognised. So long as these things are not done, I do not think that the Government or the public through their representatives should allow this kind of thing to go on in any civilised country. It will interest many of my friends here who are extolling the system of homœopathy to know that the principle of cure adopted in that system, like with like, is accepted in allopathy. Those who gave us an exposition on the subject ought to know that vaccine therapy is also based on same method. If a man is suffering from tuberculosis, then he is treated with, tuberculine, —it is the poison of the same kind of disease that is responsible for it. The whole of vaccine treatment and a good deal of bacteriology is based on it and it is ridiculous to say that this is a system which is something very different, and therefore there should be a separate recognition for it. By all means, if they have something substantial or something valuable to produce, let them put it before a scientific body, but it is no good coming to a legislative body or a body consisting of laymen and whom nobody is going to contradict. Some members may say : "Do you know something about it ? If you do not, you should not contradict". In return it may be asked : "Have they studied the system ?" In that case, are they entitled to bring forward this proposition and say, accept this. The proper position for this kind of Resolution, and I think the right method, is to put it forward before a scientific body. There is no dearth of Indian scientific bodies and very important scientific bodies in this country at the present time. They can sift and choose and whatever is valuable will be accepted and whatever is useless will be rejected. Coming to the actual Resolution itself, it says : "be pleased to introduce homœopathic treatment in Government hospital." What is the idea of this ? To introduce homœopathic treatment, and why ? By raw men who do not know the elementary principles of the anatomy, structure and function of the human body ? At the same time, let me assure Honourable Members of this House that there is nothing to prevent a well qualified doctor from using this method. Indeed I can tell you as a member of the Bombay Medical Council as well as a member of the All India Medical Council, that there is nothing in the regulations to prevent any well qualified doctor learning homœopathy and trying to cure patients by homœopathic treatment. Therefore,

is seems to me that this clause is absolutely redundant. You cannot have homoeopathic treatment in Government hospitals or in hospitals at that, carried on by people, who are ignorant of the most elementary things in that particular science. On the other hand, if there is somebody who knows something about it and if he chooses to have any particular drug or wants to follow a certain line of scientific method, he is perfectly entitled at the present day to follow that method. As regards homoeopathic colleges in India and giving them the same status and recognition as allopathic colleges, I am not in a position to speak with authority as I come from a province where there is no homoeopathic college, and therefore, I cannot say of the homoeopathic college at Calcutta

Pandit Lakshmi Kanta Maitra : Anatomy and physiology are taught there.

Dr G. V. Deshmukh : To begin with, I said that I did not know, but what I do say is, let them establish good institution as schools and colleges, if not absolutely up to date, at any rate, where the elementary principles of scientific teaching are observed. Then let them apply to the scientific institutions. Nearly every province has a university. Let them apply to those universities. The universities will, I know, appoint a commission to go into it and find out up to what standard the school or college is. Perhaps then it might be worth while coming to the legislative body and saying : "Very well, this is the report which the universities have made, and therefore give recognition." But at the present time, to the first part of the Resolution, namely, "to introduce homoeopathic treatment in Government hospitals", there is no objection to a properly qualified man giving that treatment, and as for the other part, namely, "give homoeopathic colleges in India the same status and recognition as in the case of allopathic colleges", as no homoeopathic colleges exist now to my knowledge, it seems to me that the Resolution is absolutely redundant. Those who are anxious about it, let them send it to the universities or scientific bodies in the provinces, and if they approve of it, then would be the time when not only the Government but we, the representatives of the people here, may think it worth while to pass a resolution like this. But till then I won't say. I am sorry to differ and not to agree to this Resolution, but I do think that the most sensible thing for us to do is not to accept this Resolution unless my Honourable friend, Mr. Ghiasuddin, is willing to withdraw it.

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Mr. D. K. Lahiri Chaudhury (Bengal : Landholders): After listening to the learned speech of my Honourable friend, Dr. Deshmukh, it is with considerable trepidation that I venture to stand on my legs and make a few observations.

Mr. President (The Honourable Sir Abdur Rahim) : To-day being Friday the House will adjourn for Lunch now and meet again at 2-15 P. M.

The Assembly then adjourned for Lunch till a Quarter Past Two of the Clock.

The Assembly re-assembled after Lunch at a Quarter Past Two of the Clock, Mr. Deputy President (Mr. Akhil Chandra Datta) in the chair.

Mr. D. K. Lahiri Chaudhury: In continuation of my speech, I wish to state that I am one of those who hold an impartial view on this subject. I find myself in a position to state clearly that this homoeopathic treatment is based on a scientific basis, and, if to illustrate my point, I refer to astronomical things, I hope the house will excuse me. According to astronomy, there are nine planets in this world and the week days are seven. These planets have got their effect on everything in this mundane world. This homoeopathy is also on a scientific basis and it is useless to say that it is the business of the quack. Many people hold that view ; I am glad to hear from Mr. Bajoria that he does not hold that view. Then there are two other planets which are working in a reverse direction and it tells upon the spiritual world. In every part of the world, it is calculated that seven days complete a week and with the change of seasons, the human elements also change and human nature is also scientifically affected. Summer, winter, the rainy season and spring all have their effect on the human system.

This homoeopathic treatment was first started by Hahnemann, who had a Perfect knowledge of pathology and also other technicalities of this allopathic treatment. Homoeopathy affords a treatment which can be availed of by every one. We want homoeopathy for the simple reason that allopathy is very expensive. I have witnessed with my own eyes thousands and millions of people dying in the villages and they could not get any treatment for want of money. This is a vital point which should not be ignored. I can personally testify to the miraculous results produced by homoeopathy. I have a mastiff dog which was suffering from blood dysentery and I took the risk of consulting a homoeopathic physician, instead of a Veterinary Surgeon, and to tell

you frankly the dog was absolutely cured of the disease by one dose only. I can tell you of another instance in Calcutta. My personal assistant had a boil in the abdomen and the allopathic doctor said that it must be operated. Fortunately or unfortunately, the doctor had gone away for a week on some mufasil call, and, in the meantime, my cousin, who has some experience of homoeopathic treatment advised him to try the homoeopathic medicine and with one dose the boil subsided and my personal assistant was absolutely all right. The allopathic doctor, when he came back, would hardly believe it. But after examination he was satisfied that the boil had really subsided. Being an allopathic doctor, he could not give his whole-hearted support to it, but he said that it seemed miraculous to him. I can give you many more illustrations like this of the value of the homoeopathic treatment.

Pandit Lakshmi Kanta Maitra: What is the quantity you require for your treatment ?

Mr. D. K. Lahiri Chaudhury: That generally depends upon the honourable friend who put the question. Sometimes a lighter dilution will do, sometimes a higher dilution is necessary. The higher the dilution, the more efficacious the medicine. That is the theory. I may add that there is a regular five years' course for this subject in France, Germany and America. In Calcutta, there is a Homoeopathic College where there is a regular dissection class, a class of pathology, a class of anatomy, and generally the efficient doctors, who are coming out of this institution, are doing immense service to the suffering people especially in the rural parts. It is a fact that rural people are dying in thousands for want of proper treatment. (*An Honourable Member*: "What about bio-chemical treatment?") That is all the more good. Bio-chemical treatment is the outcome of homoeopathy. In this country we have got Unani, Kabiraji or Ayurvedic, homoeopathic and allopathic treatment. To-day we are only pleading the cause of homoeopathy. We hardly get an occasion to plead the cause of Unani and Kabiraji systems. When such a Resolution has been brought before this House, I want that the Government will treat it very sympathetically, and if they do so, I know full well that they will render an immense service to the poor people of India. It ought also to be remembered that this treatment, which is absolutely based on a scientific treatment, should be generally taught in this country in such a way that it gets wider scope in this country.

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Sir, I may remind the House of one resolution that was passed a few years back at Calcutta at the Tropical Congress. In that Congress we had the good fortune of meeting many of the eminent doctors of the world,—even the inventor of emetine, tuberculine and the inventors of all those bacteriological treatments happen to come over to Calcutta to join the Tropical Congress, and what were the resolutions passed? I shall stand corrected if I am wrong, but the substance of those resolutions was this that that day perfection of treatment will be reached when every kind of treatment which is in existence in this world will be mixed up and a singular treatment will be found out for the human race. As for the allopathic treatment, I may relate one instance which may interest this House. Sir, the Medical Council was meeting at Simla and I was unfortunately present at that time during the Simla Session and I had the good luck to meet some of the eminent doctors who came up in connection with that Medical Council and I arranged in their honour a luncheon at Hotel Cecil but unfortunately that day I was attacked by flu, and was suffering from a high temperature. Then, I told the doctors that I may be excused from taking share at the table; they said: “don’t you worry, we are many doctors present here, and even if you suffer from high fever, we shall prescribe such medicine for you that won’t do any harm”. Many of these doctors were eminent in their profession and some of them said to me: “to be frank with you, we have got no faith in medicines”, some other said: “I only believe in tincture of iodine and salts”. (*An Honourable Member*: “Kruschen salts”.) Sir, the fact is that quite often 76 per cent, of the diseases are cured by nature and only in 30 per cent. lies the efficiency of treatment and credit of doctors. Moreover, in the case of homœopathy there is one thing which is to be remembered, *viz*; that there is no danger in this treatment; if the dose is a little higher or misplaced, it does not cause any harmful result to the patient and that is the greatest advantage. There is a dictum that doctors differ, but according to Dr. Khare patients suffer also. In the case of homœopathy, however, it merely deals with the symptoms, it goes to the root cause of the disease and it is based on a very scientific method, and, generally speaking, every doctors who practises homœopathy will agree that if the symptoms are similar, the treatment is bound to be uniform.

Mr. Deputy President (Mr. Akhil Chandra Datta): The Honourable Member’s time is up.

Mr. D. K. Lahiri Chaudhury: In conclusion, I may add that this is a subject in regard to which nobody should lose this opportunity of furthering the cause of homœopathy, and I strongly support this Resolution.

Some Honourable Member: The question may now be put.

Mr. Deputy President (Mr. Akhil Chandra Datta): The question is.

"That the question be now put."

The motion was adopted.

Sir Girja Shankar Bajpai (Secretary, Department of Education, Health and Lands). Mr. President, I must begin by an apology for a somewhat rheumatic huskiness of the voice to-day. (*An Honourable Member:* "Take a dose of homœopathy.") I was going to say that, if I had heard of the marvels that have been recounted to-day about the efficacy of the homœopathic system of medicine. I might have tried it yesterday in the hope that I should have been able to effect a cure overnight. As it is, I must ask the House to put up with what I fear vocally is likely to be a somewhat feeble effort. The Resolution, Sir, of my Honourable friend. Mr. Ghiasuddin, has had a mixed reception, if I may say so. There are those who have spoken with great enthusiasm for and great faith in the homœopathic system. It is impossible for me to join the chorus from my personal experience because such recollections as I have of the homœopathic system of treatment go back to a somewhat remote childhood, and the only clear impressions that I have, Sir, are, first, of gratitude for the exiguity and tastelessness of the dose, and, secondly, of admiration for the demonstrative perfection of these minute globules as physical models of the mathematical zero. (Laughter.)

An Honourable member : You might have taken "mother tincture".

Sir Girja Shankar Bajpai : Well, I have not had any tinctures. The other school, of which the most influential and authoritative exponent was Dr. Deshmukh, was inclined to challenge, with a considerable amount of scepticism the claim of homœopathy to be treated as a science. I do not propose to enter into this dispute as to whether homœopathy is a science or is not a science. And I have already ventured to explain to the House that I cannot speak from personal experience of its efficacy or otherwise. But there are certain general considerations which, I think, ought to be brought to the notice of the House.

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There seems to be some sort of an impression that either the Central Government or Provincial Governments impose restrictions on the practice of homœopathy, and it has been urged that, because this is both an efficacious system of treatment and a cheap system of treatment, therefore the Government should put no obstacles in the way of the dissimination of this system. The fact of the matter is that Government do recognise and have recognised for some time that, in a country of the size of India, with the population of India and with the poverty of the people of India, any system of medicine capable of alleviating human suffering should have free play, and that is the reason why there is no legal limitation on the practice of any system of medicine,—whether it be the allopathic system or the homœopathic system or the Unani system or the Ayurvedic system. And, as some Honourable Members are aware, Provincial Governments have in different provinces aided and subsidised the distribution of the Ayurvedic and Unani medicines. So if any Local Government chooses to give a similar countenance to homœopathy, I can assure my Honourable friend that nobody will be happier than ourselves ; we have no objection to that being done at all. So, Sir, the first thing the House has got to realise is that there is no legal restriction whatsoever in any part of British India on the practice of the homœopathic system of medicine.

Pandit Lakshmi Kanta Maitra : Your Government cannot give any recognition. They have already issued a circular on the subject.

Sir Girja Shankar Bajpai : I will come to that point also by and by. My Honourable friend believes in homœopathic doses of speech when a matter of this kind is being explained. I can assure my Honourable friend it is not so easy.

Now, Sir, the Resolution falls into two parts. The first is a recommendation to the Governor General in Council that homœopaths should be appointed to the staff of medical hospitals, and the second is that Government should extend their recognition to the status of homœopathic colleges, presumably as teaching institutions. Now I think it is just as well that the House should appreciate at the very beginning that, so far as the greater part of British India is concerned, whether it is the first part or it is the second part of the Resolution, adoption of it, action on it, depend upon Local Governments. They do not depend upon us. Medical administration,

medical education and hospitals are all entirely transferred provincial subjects. The question is whether, as regards the directly administered areas, the Government of India are in a position to do anything and, if so, what ?

Now, Sir, let me take the Resolution in the two parts, which I have already stated, and define the attitude of the Government of India. So far as hospitals in the centrally administered areas are concerned, there is absolutely no objection whatsoever to any doctor on the staff of these hospitals applying the homoeopathic system of medicine to the treatment of his patients. There is no objection to that at all. Equally, if a person suitably qualified for an appointment on the staff of a Government college or teaching institution possesses, in addition, specialised knowledge of homoeopathy, that by itself is not going to be a disqualification to his appointment to the staff of that college. But I do not think that either the House wishes or any Honourable Member wishes that we should appoint to the staff of these colleges or extend recognition to individuals whose education has no scientific grounding either in physiology or in anatomy or any other subjects that go up to make the corpus of the medical science : that we should extend our recognition to anybody who comes along and says : "I have read a book by the founder of the science or for six months I have meditated in solitude upon the miracles of homoeopathy and I am now in a position to come along and tell you—No disease, however, fell, I have merily to touch and it will be cured." I am quite sure that if Government adopted an attitude of such promiscuous recognition, whether by way of appointment or for the purposes of registration or anything else, the very first people who will get up here in the House and belabour Government for having shown callous indifference to the health of the multitude of this country will be the Honourable Members who sit opposite.

Pandit Lakshmi Kanta Maitra : Why put a ban on the homoeopaths by issuing a circular ?

Sir Girja Shankar Bajpai : There is no ban, I was not going to refer to the circular in the course of my speech because I am not aware of the facts ; but if what my friend is suggesting is that some circular has been issued prohibiting homoeopathic doctors from practising homoeopathy, then all that I can say is that I have no knowledge of any such circular at all.

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Pandit Lakshmi Kanta Maitra : Government servants have been prohibited from practising homœopathy.

Sir Girja Shankar Bajpai : But Government servants are supposed to be the wholetime servants of the Government for the purpose of doing the duties of the post to which they are appointed. It is not fair really that a Government servant, who by rules is required to devote his time to his special duties, apart from the question of seeking to supplement his income—it may be that somebody does it for charitable purposes—it is not right that such an individual should be allowed to practise homœopathy. In any case, I submit that that particular matter does not come within the purview of this Resolution at all. The Resolution seeks the introduction of homœopathic treatment in Government hospitals. Is it the suggestion of any Honourable Member, is it the suggestion of my Honourable friend that all these gentlemen whom this circular affects are members of a Government hospital staff? They are not. Similarly, the next thing is that Government should give recognition to homœopathic colleges. Is it the suggestion of my Honourable friend that any of these servants is the principle of or a professor in a homœopathic college in Delhi? I am not aware of the existence of any such college in Delhi. What my Honourable friend is taking about has nothing to do whatever with this Resolution. I think I can have your support, Sir, in saying that that particular question does not arise.

Now, Sir, to go on. The question that I was dealing with was the question of the eligibility of persons who are specialised in homœopathy for appointment to the staff of Government hospitals. The next question that has been raised is the question of the recognition of homœopathic colleges. Well, I am not aware of any homœopathic college in any centrally administered area. I made some inquiries and the result of these inquiries has been that no such institution exists. My Honourable friend, Dr. Deshmukh, who, apart from his eminence in the profession, happens to have had a very distinguished public career as well relating to such matters as medical education, and so on—he is a member, for example, of the All-India Medical Council—, even he found that in his experience he knew of no homœopathic teaching institution outside Calcutta. That being the position, the question of giving recognition to a homœopathic college is not a practical question for the Government

of India at all because the college does not exist in a centrally administered area. If there is a homoeopathic institution in a province, it needs recognition either by its own Local Government or by the University of the area in which it is situate. Then, I submit the proper course for that institution is to approach the University or the Local Government, as the case may be. The Government of India are not concerned with that. The Government of India in the matter of the recognition of medical qualifications are concerned only with the All-India Medical Council and, as my Honourable friend may be aware, section 11, sub-section (2) of the All-India Medical Council Act (XXVII of 1933) provides :

“That any medical institution in British India which grants a medical qualification not included in the first schedule (a number of qualifications are recognised here) may apply to the Governor General in Council to have such qualifications recognised and the Governor General in Council, after consulting the Council, may by notification in the Gazette of India amend the first schedule so as to include such qualifications therein ”

Now, Sir, if there is a homoeopathic college in Calcutta or Bombay which seeks recognition by the All-India Medical Council or for purposes of the All-India Medical Council, the procedure described in the sub section, which I have read out to my Honourable friend, is the procedure which is open to that institution. There is no reason why that institution should not adopt this procedure.

So, Sir, to sum up, the position is this. As regards the appointment to staffs of medical colleges, there is no prohibition for suitably qualified people. As regards recognition, to the extent that the Government of India are concerned at all, the matter has to be dealt with by the All-India Medical Council in the first instance. Any institution which seeks recognition has its path clear. It has got to make an application in the prescribed way. My Honourable friend said something about it being the system of medicine that needs recognition. I have already tried to explain to the House that, if recognition means the right to practise, or absence of recognition means the absence of right to practise, the problem does not exist because the practice of no system of medicine is prohibited in this country. That being so, I do not know that there is any practical

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issue before Government. Anybody who wants to practise can practise.

Pandit Lakshmi Kanta Maitra: It is a negative thing.

Sir Girja Shankar Bajpai: It is not a negative thing. Practice is a positive act, and the positive right to practise can be exercised by anybody who likes to practise. So that the position is this, that really it is not possible for the Government of India to take any direct or positive action under this Resolution. I have been asked for an expression of sympathy, moral sympathy, on behalf of the Government towards this. My answer is that Government have moral or, indeed, every conceivable kind of sympathy with any system of medicine which tends to alleviate human suffering, and if it would please my Honourable friend that a record of the discussion in the House to-day should be forwarded to Local Governments—because after all action, if any action has to be taken on this over the greater part of British India, must be taken by Local Governments—I am prepared to do that. But if what we are required to do is to go beyond that, in other words, if we are required to extend indiscriminate patronage, if you like to individuals who profess homoeopathy, but who have not the requisite scientific foundation, then in that case, I submit that with our responsibility to the people of this country, with due regard to ordinary humane and humanitarian considerations, it is not possible for us to do that. Sir, that is all I have to say.

Mr. M. Ghiasuddin: Sir, I wish to say just a few words by way of reply. First of all I take the arguments of my Honourable friend, Dr. Deshmukh. He says that homoeopathy is no science. Sir, it is something for the scientists to decide whether a certain subject is a science or not, and not for a layman like myself to say. Without going deeper into the whole thing, whether it is a science or not, I will say that I only judge a thing by its results. As far as the results are concerned I have got before me ample statistics to show that people treated by homoeopathic method were cured in all epidemic diseases, like cholera, plague, etc., and other diseases. The other point raised by my Honourable friend, Dr. Deshmukh, was that there is no proper college or institution where this science could be taught or is being taught. He said there was no where any institution where human anatomy could be taught to students of homoeopathy. I am afraid on this point my Honourable friend, the learned Doctor, is misinformed.

I have just now been given information that there is a College in Calcutta where the course extends to over five years and regular diplomas are granted and these holders of diplomas have a right to practise homoeopathy. On the authority of my Honourable friend, Sir Abdul Halim Ghuznavi, I say that human anatomy and everything else is taught there.

The other point is, there are a good many quacks in this profession who call themselves homoeopathic doctors. Sir, I admit this charge. But I consider this is an argument in our favour. If there are quacks, it is for the Government to stop them. It is for the Government to provide proper education and debar those persons from practising who are not qualified, I think the boot is right on the other leg in this matter. All I can say is that at present in a good many civilised countries of the world this system is prevalent, and I have just been supplied with a list of a few hospitals in America and other places which are serving the people there very successfully. There is a hospital in New York after the name of the inventor of homoeopathy and it has got 2,500 beds. There is another hospital in Chicago, a homoeopathic hospital with 2,000 beds. Then there is a medical college at Philadelphia with the same number of beds. All these persons cannot be fools. We may not prove on the floor of the House scientifically speaking, whether it is a science or not. But all these persons who go to the homoeopathic hospitals and those who finance them cannot be all fools. I admit the helplessness of the Government of India. A good many powers have been taken away in this respect. Provincial autonomy is in full force, and so the Government of India cannot dictate to the Provinces. I admit this much of excuse. But I do submit that the Government of India should give some indication in a practical way, and start some small institution. If that lead is forthcoming I think I will be pleased to withdraw this Resolution. With these words, I resume my seat.

Mr. Deputy President : (Mr. Akhil Chandra Datta) : The question is :

“That this Assembly recommends to the Governor General in Council that he may be pleased to introduce homoeopathic treatment in Government hospitals and give homoeopathic colleges in India the same status and recognition as in the case of allopathic colleges.”

HOMŒOPATHY IN LEGISLATURE

The Assembly divided :

AYES—44.

Aaron, Mr. Samuel.
 Ayyangar, Mr. M. Ananthasayanam
 Azhar Ali, Mr. Muhammad.
 Bajoria, Babu Baijnath.
 Banerjea, Dr. P. N.
 Bhagavan Das, Dr.
 Chaliha, Mr. Kuladhar.
 Chattopadhyaya, Mr. Amarendra Nath.
 Chettiar, Mr. T. S. Avinashilingam
 Das, Mr. B.
 Das, Mr. Basanta Kumar.
 Gadgil, Mr. N. V.
 Gauba, Mr. K. L.
 Ghiasuddin, Mr. M.
 Ghulam Bhik Nairang, Syed.
 Ghuznavi, Sir Abdul Halim.
 Giri, Mr. V. V.
 Hans Raj, Raizada.
 Hosmani, Mr. S. K.
 Ismail Khan, Haji Chaudhury Muhammad.
 Jedhe, Mr. K. M.
 Jogendra Singh, Sirdar.

Kailash Behari Lal, Babu.
 Lahiri Chaudhury, Mr. D. K.
 Lalchand Navalrai, Mr.
 Maitra, Pandit Lakshmi Kanta.
 Malaviya Pandit Krisna Kant.
 Mudaliar, Mr. C. N. Muthuranga.
 Muhammad Ahmed Kazmi, Qazi.
 Murtuza Sahib Bahadur, Maulvi Syed.
 Pant, Pandit Govind Ballabh.
 Parma Nand, Bhai.
 Raghubir Narayan Singh, Choudhri.
 Ranga, Prof. N. G.
 Saksena, Mr. Mohan Lal.
 Sant Singh, Sardar.
 Sham Lal, Mr.
 Sheodass Daga, Seth.
 Singh, Mr. Ram Narayan.
 Sinha, Mr. Anugrah Narayan.
 Sinha, Mr. Satya Narayan.
 Som, Mr. Suryya Kumar.
 Sri Prakasa, Mr.
 Verma, Mr. B. B.

NOES—36.

Abdul Hamid, Khan Bahadur Sir.
 Ahmad Nawaz Khan, Major Nawab Sir.
 Aikman, Mr. A.
 Bajpai, Sir Girja Shankar.
 Bansidhar, Rai Sahib,
 Chanda, Mr. A. K.
 Dalal, Dr. R. D.
 Deshmukh, Dr. G. V.
 Griffiths, Mr. J. P.
 Hudson, Sir Leslie.
 James, Mr. F. E.
 Jawahar Singh, Sardar Bahadur Sardar Sir.
 Lal Chand, Captain Rao Bahadur Chaudhri.
 Lalit Chand, Thakur.
 Laljee, Mr. Husenbhai Abdullabhai.
 Lloyd, Mr. A. H.
 Mackaown, Mr. J. A.
 Mehta, Mr. S. L.
 Menon, Mr. K. R.

Metcalfe, Sir Aubrey.
 Mukherjee, Rai Bahadur Sir Satya Charan.
 Nagarkar, Mr. C. B.
 Naydu Diwan Bahadur B. V. Sri Hari Rao.
 Noyce, The Honourable Sir Frank,
 Rau, Sir Raghavendra.
 Row, Mr. K. Sanjiva.
 Roy, Mr. S. N.
 Salej, Mr. F.
 Scott, Mr. J Ramsay.
 Sher Muhammad Khan, Captain Sardar Sir.
 Spencer, Mr. G. H.
 Thorne, Mr. J. A.
 Tottenham, Mr. G. R. F.
 Witherington, Mr. C. H.
 Zafrullah Khan, the Honourable Sir Muhammad.
 Ziauddin Ahmad, Dr.

The motion was adopted.

THE VIEWPOINT OF THE YOUNGER GENERATION REGARDING HOMŒOPATHY*

DONALD A. DAVIS, M D.

You must remember that this is merely the opinion of one of the younger generation and therefore quite a limited viewpoint. This speech is merely the answer to this statement: "I want your honest—well, anyhow, your professional—opinion."

Having received my first two years' medical training in an allopathic school, I have no experience as to how much or what variety of homœopathy the student in a homœopathic medical college receives at the outset of his medical work, but I do know that is both of the wrong kind and inadequate. You immediately ask, "Why do you say that?" I say that because I am seeing, every day, men who are ready to go out into the world next June as homœopathic physicians, and I am more or less familiar with the attitude of these men.

It is not an idle statement that less than five per cent of the senior class at Hahnemann knows nothing more about homœopathy than "Like cures like", the names and comparatively few of the indications of perhaps ninety of the fourteen or fifteen hundred remedies in the *materia medica*. I cannot blame the students themselves for such a sorrowful state of affairs. In our most famous homœopathic college in the United State, there is comparatively little chance for a man to become acquainted with the desirable methods of practicing homœopathic medicine. It is not putting it lightly to state that many of Hahnemann's teachings and homœopathy itself are openly opposed at Hahnemann.

Perhaps it would be interesting to tell you of a typical class at college as we see it to-day in the sub-section group in Medicine, which offers probably the greatest opportunity for prescribing the similar remedy.

The class starts with the presentation of a ward case. Two students, who have taken the facts of the case, are asked to present or read the case history. This is very interesting; because it brings

*Presented before the annual dinner of the Laymen's League, Washington, D. C., December, 1935.

VIEWPOINT OF THE YOUNGER GENERATION

out two points : first, that the patient knows comparatively little about himself, and second, that there is absolute ignorance on the part of the students in the art of homœopathic case taking. Mind you, I do not say that I am not guilty of the second point. If a case were really taken as Hahnemann directs, we students would be laughed out of the class-room by the internes and doctors present, with the calls of "What does that have to do with medicine?" Ringing loudly after us.

The next point brought out in the case presentation is the laboratory work. This is not only expensive to the patient and the hospital, but entirely necessary. After the figures are hashed and rehashed for perhaps one-third of the class time, we are brought up to the most important thing of the class : the diagnosis of the case. This is most essential, for without this, the doctor in charge would be unable to fill his allotted class period, for it is around this that his discussion is built, and it is from this that the treatment is suggested. I am reminded of an incident told in Nash's *Leaders in Homœopathic Therapeutics* ;

A certain physician in Albany, N. Y., was called in consultation on a so-called case of phthisis pulmonalis (tuberculosis). The case was in allopathic hands. After carefully examining the case, he was asked : "What is your diagnosis, Doctor?" "*Stannum*," said the doctor. "What?" "*Stannum*," replied the doctor. *Stannum* was the diagnosis of the remedy, not the disease. It was given, and cured the patient.

Diagnosis of diseases *must* be made in our hospital, for without these, the professors would be practically speechless. My opinion of diagnosis is this : Doctors are meeting more and more cases in which they are at a loss for a name for a patient's condition, and the reason is that more and more people know what certain diseases are, and they are so affected by the mental shock that they might have some incurable condition that they mask the symptoms very greatly. A doctor is wise who treats disease without naming the disease he is attempting to cure. Solomon said in ancient times, "A prudent man concealeth knowledge ; but the heart of fools proclaimeth foolishness."

The discussion then turns to therapy, or what to do for such a case, and this is where we glean the golden nuggets of knowledge.

Some things said are priceless ; others, for which there is no price small enough.

For instance, one professor stated ; "Disease is not a simple problem, and doctors do not treat diseases, they treat people with diseases." Excellent, but he proceeds : "You may know all about disease and not be able to treat it. Disease is a complex proposition—in chronic diseases , the trouble is everywhere, but in appendicitis or gall bladder disease, we can put our finger on the trouble." We know that all disease, acute or chronic, is everywhere in the economy. In the next breath, the learned doctor asked the rhetorical questions, "Now in this case of chronic heartfailure with œdema, shall we treat the œdematous condition or the heart first ?" He has completely forgotten that he has stated, just a moment previously, that we do not treat diseases, but people with diseases. The students are taking in all of the discussion ; some are writing it all down.

Alter one class session ; very similar to this just cited, I approached the doctor and told him I was writing a paper on the present idea of disease and asked him if he would give me his definition of disease. He replied, giving me a rather sharp look, "Disease is a disturbance of the health balance of the body." I wondered at the time if he had forgotten again, so soon, the heart of the patient he had just discussed.

Being thus interested in diseases and its definition, I cornered one of the younger doctors after the same sort of hypocritical lecturing. He stated : "Disease—that is a departure from an ideal normal health. Ideal health, therefore, is eternal life, which no one has. Therefore, we are all diseased."

After receiving many different ideas on the matter, I recapitulate the instruction which I have received, purposely and inadvertently, from various staid and tried Hahnemannian homœopaths, and I find they all say : Hahnemann himself stated that disease is a derangement of the spirit-like dynamis which animates the human body." So my conclusion was reached that our modern physicians at college are like corpses washing about with slack limbs in the ugly surf of life.

It is after the class discussion that the ideas and viewpoints of the younger generation are brought to light. The professor has just finished a discussion on the therapy of some diagnosed disease in which he gets through the "accepted" methods of treating such a

VIEWPOINT OF THE YOUNGER GENERATION

condition and says about the homœopathic methods, "Do not forget your homœopathic remedies in such a case."

Diagnosis is romance ! The romance of diagnosis so holds the majority of the students that that is all they can talk about. O. Henry wrote : "Romance is like a stained glass window which colors one's outlook of life," and also : "Our intellectual nature is like the chameleon and takes color from that on which it feeds" The younger men are very greatly influenced by the older doctors. They are impressed by the appearances of students of allopathic schools, and influenced greatly by all "precedents" and methods of therapy. However, they forget what one professor said in relating a case in which he was called in consultation by two allopathic physicians. The doctor told of the case, and in the discussion between all of the doctors, one of them said, "Well, I guess we shall let Dr. W. (a homœopath) prescribe some of his sugar pills. At least, they will do no harm." Dr. W.'s reply was, "That is more than I can say for your medicine."

It is very evident, from the silence that falls over the class, that these young medical students often wish they were in allopathic universities, especially when they hear the quotation from an official of the A.M.A. that "all homœopaths are fools". Our instructor fails to cheer the class by his comeback, "We hold no such monopoly."

However, there are many men in the class who do manifest a great deal of interest in homœopathy. But they are completely taken aback by the answer to such a question as : "Now what are you going to do for cerebral meningitis if you don't tap the spine ?" The answer, of course, is : "Give the indicated remedy."

So far as the students' discussions are concerned, it is very evident that they believe every word that the lecturers expound, and that is mostly anti-homœopathic. In 1033 B. C. Solomon wrote, "The simple believeth every word ; but the prudent man looketh well to his going. *However, the consensus of opinion of the younger generation is that homœopathy is essential to fill completely the armamentarium of therapy, but to practice homœopathy solely is to practice a specialty, and there is not time in college to specialize in anything.*

This brings me to a personal opinion. Homœopathy is a specialty and should be taught as other specialties are taught—in postgraduate schools. So the younger physicians believe that homœopathy is an

excellent method of medicine, and if there interest is sufficiently aroused in college, they will seek out further knowledge when the school days are completely over.

And so you ask me, "Well, what about you?" I reply, "I believe in homœopathy and that is the answer." What I need is not more knowledge, primarily, but to apply that I already have. In closing, I might answer the questions you ask me by a short bit of verse :

"You say, 'What goest thou?' I can not tell,
And still go on. If but 'the way' be straight
I cannot go amiss ! Before me lies
Dawn and the day ; the night behind me : that
Suffices me ; I break the bounds ; I see,
And nothing more : *believe*, and nothing less.
My future is not one of my concerns."

So, since I believe in homecopathy, I shall let it take care of my future.

Crafton, Pittsburgh, Penna.

POINTERS.

Nephritic colic, with pain alone the left ureter, recently yielded promptly to *Parvira brava* in high potency.

A severe dysuria, with purulent urine, the microscope showing the pus to be of nephritic origin, was rapidly relieved by *Calcarea sulph.* The pus has also disappeared for the present.

A stubborn case of true angina pectoris, depending upon arteriosclerosis, finally yielded very decisively to *Latrodectus mactans*.

A patient who habitually abused alcoholic liquors was seized with profuse hæmatemesis, each vomiting attack being preceded by swelling of the stomach, the vomitus being very sour. There was constant and severe burning at the epigastrium, greatly aggravated by drinking. One dose of *Calcarea carb. D M.* stopped the vomiting at once.

An infant of months, suffering with capillary bronchitis, was also attacked by convulsions, in which the mouth stood wide open. This decided the family to change physician. One dose of *Ant. tart. C.M.* stopped the spasms at once, and put the little fellow out of all danger in fifteen hours.

A patient suffering from suppressed gonorrhœa developed an orchitis, accompanied by a severe ringworm of the face. One dose of *Clematis C.M.* revolved the latter in a few days, but the swelled testes required a second dose in ten days to complete the cure.

The Less Frequently Used Kalis

HERBERT A. ROBERTS, M.D., Derby, Conn.

In a study of the Kali group of salts it is well to look at the many features in common wherever Kali is found, for drug families have characteristics just as truly as do families of human beings.

Many of these salts have been used from time immemorial in both scientific and empirical medicine. Whenever a drug has been used for so many years and throughout many generations it is bound to meet with a great deal of abuse by physicians of all of these generations, because it is much easier to follow a routine than it is to individualize. We are also very prone to neglect remedies that have met with abuse, and in so doing overlook some precious jewel which might give us much assistance in the care of the sick.

The typical constitution of the individual calling for Kali would be the fat and chubby physical stature.

All of these salts produce ulceration of the mucous membrane and of the skin, promote tissue waste, produce a weak heart action and a deficiency of red corpuscles. Some member of the family is liable to be called into use in almost any disease to which human flesh is heir. It has in its range two distinct diatheses, the rheumatoid and the hydrogenoid constitutions.

The great applicability of this group is undoubtedly due to the fact that Kali, in some of its salts, is found in all protoplasm; in fact, in practically all living substance, whether of the animal or of the vegetable kingdom.

The Kalis act especially upon the mucous membrane, the kidneys, the blood and the glandular organs. The motor heart centers are quick to feel its influence.

All the Kalis are worse in the morning, after sleep, after copulation and after exertion. They are distinctly better from warmth, from rest and from a plentiful amount of substantial food. The Kali patient is never constipated.

In the kidneys the Kalis produce an increase in the flow of urine and elimination of the alkali salts, so that the total solids are increased. I well remember that the late Dr. Timothy Field Allen spoke of the effect of these salts as being "devilish, insidious and disorganizing to every tissue in the body," and that these tissue changes were quite out of proportion to the amount of Kali taken, and he warned us against the use of alkaline waters.

Bearing in mind these general conditions of the Kalis, let us now proceed to take up some of the individual members of the family who are not often considered.

Kali aceticum has been used for many years by the regular school of medicine as a diuratic and cathartic. This salt partakes very largely of the Acetic acid manifestations in that it produces great weakness and trembling. With this there is manifested great anxiety and restlessness, both of the body and of the mind.

It also has the characteristics of griping and gnawing pain in the abdomen, especially about the umbilicus after eating, and eating produces a free watery stool. In this respect it is not only worse in the morning, like all the Kalis, but worse after eating, and the distress may follow until evening. It produces a polyuria, but not a simple one, having a high specific gravity. Great waste takes place through this increase of urine loaded with solids. In one proving as high as 72 grains of urea was secreted above the normal amount for the patient. The urine is strongly alkaline and usually has a sweetish or ammoniacal odor. The patient has a peculiar perspiration which takes place from 11 a.m. to 1 p.m. which is very offensive and profuse, especially about the head, with a sweetish odor.

The diarrhoea contains a great deal of blood of a hæmorrhoidal origin.

The things to remember especially about this remedy are the great weakness; trembling sensations; intolerable anxiety

The Less Frequently Used Kalis.

which pervades the body as well as the mind, which comes in paroxysms; the peculiar offensive perspiration from 11 a.m. to 1 p.m. and the distressing headache about 4 p.m.

Kali arsenicosum is a remedy that has been used for years by the dominant school whenever Arsenic was to be administered. Fowler's Solution has been the almost universal method of administering Arsenic. We have some provings of Kali arsenicosum. It is what Hering used to call a "breach presentation remedy," consequently we cannot use it with the precision with which we can prescribe a well-proven remedy. While there are not nearly enough provings to bring out the finer types of symptomatology, there are enough to give the general characteristics of the remedy, especially when we take into consideration the overdosing or continued massive doses which have been given by the old school.

Kali arsenicosum partakes very largely of the Arsenicum album symptoms, yet there is enough Kali to it to give impressions little thought of in the Arsenicum proper. It produces the restlessness of Arsenicum, together with the nervous anxiety, fear and profound anæmia, yet the anæmia is very different in its external manifestations; for while Arsenicum has been given for generations to produce a clear white complexion, Kali arsenicosum produces a profound anæmia with a dirty yellow skin—what would be called a muddy type. This is further accentuated in the color of the sclera of the eye. The Arsenicum album patient has a very clear sclera, almost a bluish white, while with the Kali arsenicosum patient there is the deep film-like yellowish appearance over the scleral part of the eye.

Kali arsenicosum produces a very great disturbance of the skin. The typical manifestations are papules, drying up and forming scaly crusts, sometimes oozing, but more often becoming a psoriasis type of eruption which itches intensely, is worse on undressing, worse at night like Arsenicum but aggravated from warmth. Here we find a condition which

shows how difficult it is for the homœopath to prophesy what action will occur from the chemical combination of two remedies, for both Kali and Arsenicum are relieved from warmth, yet their chemical combination produces an aggravation from warmth. Whether or no this is an illustration of two positives making one negative, it is a curious notation on the two remedies when in combination.

There is a typical herpes, especially of the right side of the neck, right shoulder and arm, and sometimes on the right chest.

The skin has ulcers with a deep base, with turned-up ragged edges, very difficult to heal. There are cauliflower excrescences, which show themselves as epitheliomata of the lips and cauliflower cancerous conditions of the uterus. In this condition the Kali arsenicosum appears to be much more efficacious than Arsenicum album.

Some of the peculiar symptoms that are brought out in Kali arsenicosum are the peculiar feeling of the tongue, as though it were too large, it becomes numb; likewise the sense of largeness of the part also manifest in the head, which feels too large and the eyeballs protrude; the sensation of fullness as though a ball were rising from the pit of the stomach to the larynx, where it chokes the patient; the sensation as of a red-hot iron in the anus.

The final analysis of this drug shows a temperamental disposition to restlessness, fault-finding, exaction and self-analysis. This may be caused by any one of the fundamental things attacking the patient, like the herpes, the psoriasis, the epithelioma, the marked profound anæmia. With all these conditions we get the irritable itching and tingling numbness, much worse when getting warm, as in the warmth of the bed.

Kali bromatum has been partially proven, but a great deal of our knowledge of this remedy comes from over-dosing on the part of the regular system of medicine. To bring out the finer qualities of this remedy it should be more thoroughly proven.

The Less Frequently Used Kalis.

Kali bromatum has a very decided effect upon the sensoria. The patient is in a besotted state, and yet can be roused from the stupor which seems to be impending, a condition closely resembling acute alcoholism. It produces a great loss of memory and a peculiar hesitancy in remembering words that he knows perfectly well.

The nervous system is very much agitated. There are fearful delusions and great mental depression with profound melancholia, accompanied by constant weeping and wringing of the hands. This profound agitation of the nervous system showing itself in the mentality is particularly noticeable in child life, when there is great aggravation at night, with the night terrors of children who awake suddenly and cannot be comforted. The hallucination shows itself in the delusion that the patient is being pursued by some horrible person or thing. This probably accounts for the tremendously agitated mind of the child with night terrors. A peculiar thing in all these states is that the hands are continually busy. They are being wrung, or they are working at something. There is, also, after the night terrors come on, an inability to get back to sleep, and the child will pass the rest of the night in mental anguish.

These mental symptoms are of inestimable value in some of the clinical manifestations of melancholia and general paralysis of the insane and in types of children of a hydrocephaloid tendency. The effect of the bromatum is predominant and shows its effect again in producing different forms of croup. The child appears well or nearly so in the daytime, only to awake at night with this severe croupy manifestation and the frightened agitation of the nervous system, finally subsiding into an almost stupid state.

The pulse becomes feeble and intermittent. The heart action is slow. The croup symptoms are more apt to be aggravated in cool weather.

In all of the Kali bromatum conditions there is a jerking and twitching of the muscles. Especially is this true when the abominable symptoms predominate. It produces a condition of the spinal cord simulating that of a drunken man: staggering gait, plunging ahead and then bringing himself up with a quick jerk, only to partially lose his balance again. It also produces convulsions, epileptiform in character, but not true epilepsy. The nervous system is aggravated at night and in hot weather. Many of these conditions of the nervous system are associated with excessive sexual indulgence.

Kali bromatum produces frequent greenish watery stools with intense thirst, with vomiting soon afterward. The eyes are sunken, the pupils dilated; the skin becomes corrugated, the body cold. The tongue is red and dry and the pulse is almost imperceptible. The urine is very scanty or suppressed.

In these diarrhœas and abdominal conditions a very peculiar symptom is always present, and that is the retraction of the abdomen. It seems almost as though the front of the abdomen were stuck to the spinal column. Thus you can see its close affinity to very profound states of cholera and very severe diarrhœas. It used to be very effective in these states in cholera infantum, but now that dread disease is so controlled by proper hygienic measures that we seldom see any of these conditions. Its corresponds to the beginning of these hydrocephaloid states in these severe abdominal conditions.

This drug produces eruptions on the skin of the lower extremities, rose-colored, with occasional pustules in the centre of the patch, which becomes umbilicated, exuding a creamy moisture which forms thick yellow scabs, itching badly, and aggravated at night in bed and from warmth. The skin symptoms are aggravated in summer and relieved as cool weather comes on.

The things that predominate in this remedy are the effect on the central nervous system, especially the forgetfulness of words or syllables either in speaking or writing; the peculiar

The Less Frequently Used Kalis.

gait; the hallucinations and the interpretations of those hallucinations in the oppressive fear; the great mental anxiety; the choleraic type of stools and the peculiar retraction of the abdomen; the persistent tendency to acne and eruptions, aggravated in the summer and relieved as cool weather comes on.

These are suggestions that will lead to deeper study of the remedy.

Kali nitricum has been used in medicine for a great many years, by the regular school largely for children with fever. Hahnemann and his followers proved this very extensively, so that we know a great deal of its action.

As to the mental symptoms, the patient is decidedly peevish. This drug produces a dull pressing headache in the forehead and especially in the right side of the head. It is relieved by gentle motion, like walking slowly. Sense of pressure seems to be one of its characteristics. There is an oppressive pain on the right side of the nose, which is sensitive to the slightest touch. Kali nitricum has cured nasal polypi of the right side in many cases when it is accompanied by this sense of pressure and the hypersensitiveness to touch. It produces conditions simulating sinus trouble on the right side of the face.

The respiratory symptoms are very pronounced, producing an asthmatic condition with a loose rattling cough, with a period of aggravation at 3 a.m. The period of aggravation makes us think of its cousin, Kali carbonicum, but Kali nitricum is much more asthmatic in its nature, with wheezing and rattling and a loose white expectoration. There are cutting, stabbing pains in the chest. These conditions of chest symptoms are apt to be met in acute exacerbations that occur very frequently in the course of phthisis.

In the male sexual organs there is a sense of drawing and a very tender soreness of the testes and the cord extending into the abdomen, especially after sexual excitement, or simulating the condition accompanying orchitis.

There is the very peculiar inky-black metrorrhagia, which is quite characteristic of the drug, no other remedy having so black a color.

Kali nitricum produces a thin, watery, faecal and sometimes bloody, stool. This condition is often brought on by eating veal. There is a great deal of griping and tenesmus before, during and after the stool. Some people cannot eat veal because it produces this diarrhoea. Ipecac also has the same stool cause by the same food. Bönninghausen gives both of these remedies the highest rank, but Kali nitricum seems to fit more cases. They are easily distinguished. Kali nitricum has a white tongue, with a very foetid odor from the mouth, while Ipecac has a clear tongue and the distressing nausea, which is lacking in Kali nitricum. Accompanying the diarrhoea is the fainting and vertigo, especially when standing.

The things for us to remember particularly are the sense of pressure in all its ailments; the stabbing pains in the chest and the cutting, griping pain in the abdomen; the characteristic cough at 3 a.m. with attacks of asthma following. Running through all these symptoms are the white-coated tongue and the nausea and fainting, making a picture that we will not forget.

This small group, we trust, has brought out things of value with which we should be familiar, and we hope it will be an incentive for further and more complete home study on the rest of those salts.

"If we wish to render powerfully acting medicines innocuous, then they should only be prescribed on the right occasion and in a suitable dose. This is their great corrigens and there is no other."

S. HAHNEMANN.

Special Session
All India Homœo Medical Conference, Gaya
IN
THEOSOPHICAL HALL.

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Supplement to the Programme of the International Congress, Berlin.

WE have received the following information supplementary to the programme of the XIIth International Homœopathic Congress :

The Deputy of the Führer, Reichsminister Rudolf Hess, has accepted the Patronage of the Congress and will personally welcome the participants.

The significance of the meeting has been emphasized by the appointment of an Honorary Committee, the members of which are, apart from the Reichsminister, the Reichsarztchef (National Leader of German Physicians), a number of leading men of public life and prominent members of the German Corporation of Physicians as well as some distinguished supporters of Homœopathy.

The best known Homœopaths from all parts of the world will speak on the scientific subjects to be treated at the Congress. The first subject on the programme: "The Fundamental Conceptions of Homœopathy as Guiding Principles for All Medical Action" is to be dealt with by 21 speakers; the second subject "Children's Diseases" by 11 speakers, while 12 speakers have been provided for the third subject "Snake Poisons" and 4 speakers for the fourth subject "Paragraph 70 (83) of the Organon".

That the medical profession all over the world is to-day taking a high interest in homœopathy is shown by the fact that an exceedingly large number of the physicians from Germany as well as from foreign parts have announced their intentions to attend the Congress, while the participation of German public leaders is a proof of the important position which homœopathy has attained in Germany.

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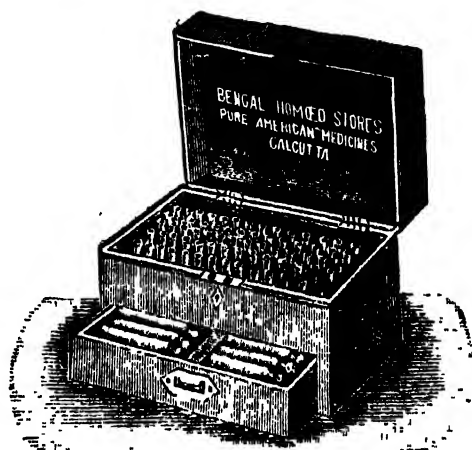
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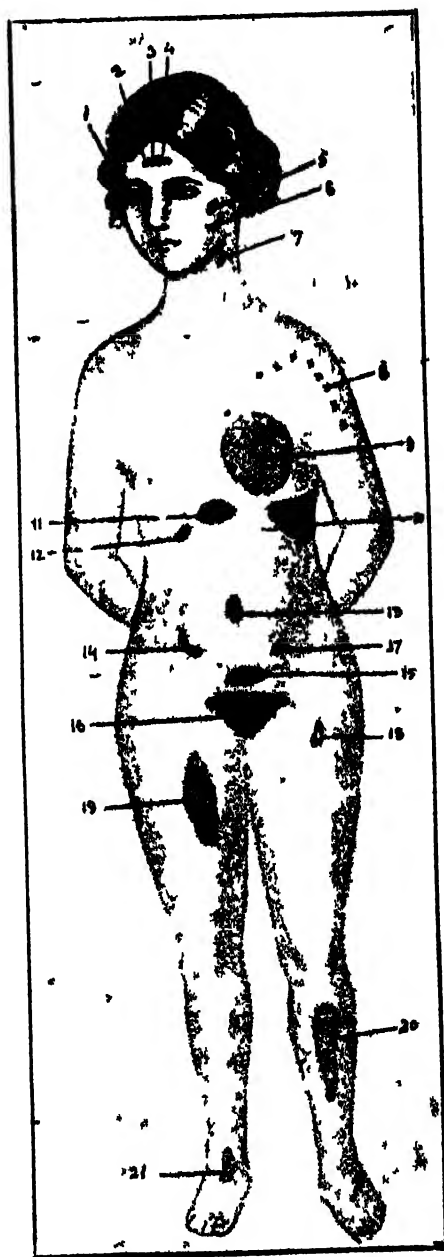
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Vol. X.

JULY, 1937.

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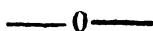
The Board shall primarily be constituted of two representatives from each and every Homœopathic Institution which has a prospectus of its own (containing the curriculum along with the name of persons directly connected with it) and where regular teaching is imparted to students.

Each of the above representatives shall recommend the name of a person not directly connected with the Institution he shall be representing and who may not necessarily be a physician. Each of such names shall have to be seconded. Out of the total number of these recommended names only so many of them shall be elected in the Board which to the number of the Institutions.

The preliminary Board thus formed of the representatives and the elected members shall invite through the medium of newspapers all Homœopathic practitioners of Bengal to send in their names for registration within three months from the date of such notice on payment of a nominal fee to be determined by the Board. Such registered shall be kept by a Register to be appointed by the Board. The Board shall accept and acknowledge the different qualifying degrees, foreign or local as they are used by the medical practitioners up to the date of its formation.

All names should be entered and maintained in the Register under the district where they practise or which they serve. After the close of the Register (on a date determined by the Board) the Board shall invite such registered medical men, district by district, to send in a representative of their own for each district to be included in the Board.

The Board thus formed with all the above three classes of members is expected to be and shall be deemed to be of a highly representative character. All shades of opinion are expected to be thoroughly represented there. Such comprehensive Board may easily be expected to be doing justice to and thoroughly competent to consider all proposals and solve all problems which will arise hereafter for the betterment of the status of Homœopathy in this country.



"I have sympathy for this great young science. It was impossible for one single man to put it in order; thousands were necessary for this and auxiliaries such as a well-equipped hospital. This most indispensable auxiliary for the cause of the science was something that homœopaths, in spite of their most ardent desires, had never yet been fortunate enough to obtain from a Sovereign."

S. HAHNEMANN.

ALL BENGAL Homeopath

• Calcutta Homœopathic Colleges United. PROVISIONAL COMMITTEE FORMED.

A meeting of the Homœopathic practitioners was held at the Hahnemann Memorial College & Research Institute, Calcutta on Sunday afternoon with Dr. J. N. Benerjee L.M.S. (C. U.), President of the All Bengal Homœopathic Conference held last year, in the chair. Representatives of almost all the Colleges and many prominent physicians of the city attended.

The scheme put forward by Dr. Barid Baran Chatterjee M.A. M. D (Homœo) as early as February last, to form a Central Board of Examinations with the united efforts of all Homœopathic Institutions and of Homœopathic practitioners and well wishers in Bengal, was accepted unanimously. The All Bengal Homœopathic Medical Board will be constituted of two representatives from every Homœopathic Institution and a limited number of members (not necessarily Homœopathic practitioners) to be co-opted in the first meeting of the above mentioned representatives.

A provisional Board was formed with Dr. J. N. Benerjee as President, Dr A. C. Ray L.M.S. (C.U.), N Ghatak, J. C. Benerjee, S Khan and K. D. Sirkar as Vice-Presidents. Dr. Baridbaran Chatterjee M.A. as Secretary, Dr. M. Das as Asst. Secy., Dr. D. N. Chatterjee as Treasurer Dr. J. M. Mitter as Registrar and Dr. T. N. Palit, B. N. Ray, U. N. Sarkar, Aswini K. Bhattacharjee and many others as members of the Committee.

The provisional Board was instructed to prepare a Register of Homœopathic practitioners in the country ; they have been requested to co-operate with the Board.

The meeting terminated late in the evening with a vote of thanks to the chair.

A Scheme for Homoeopathic Faculty.

A. N. Mukerjee, M.D. (Phil)

IN the last birth-day celebration of Hahnemann. Hon'ble Sir B. L. Mitra presided over that meeting of the Homœopaths. He wisely made the following suggestions for the Members of the profession as a preliminary step before attempting a recognition of Homœopathy by the Government of Bengal.

1. To prepare a statistics of all the Homœopaths practicing in the City of Calcutta.

2. To prepare a similar statistics for the whole province ;

3. To collect a statistics of cases treated at the different Indoor and Outdoor Hospitals in Calcutta aided or unaided by Calcutta Corporation ;

4. To approach the Government with these statistics through the Ministers of Local Self Govt , first enlisting their sympathy and support ;

5. To the above might be added a few other statistics from the importers of Homœopathic drug. If a statistics be collected of their state of drugs in drams it will, in a rough way, give us an idea of the number of cases treated in the province. Each dram of medicine in dilution will yield 60 doses. Each dram of mother tincture and back numbers will yield $60 \times 60 = 3600$ doses. From these data we can roughly calculate the number of cases that are treated every year in the province by allowing certain number of doses for each patient.

6. This figure might be checked from a different method of calculation. As far as practicable, if all these practitioners

are requested first to intimate the Statistics Collecting Bureau the total number of drams of medicines each of them use during the year ; and then subsequently if they are requested to furnish a report of the total number of cases each treat during one year, we can by calculation and averaging the above data get a somewhat correct idea of the total number of population of the province who receive treatment according to this system. Thus the total number of Doctors in the province and the total number of cases treated in the province, will enable a committee to form an idea about, the justness of the claim of Homoeopathy in its demand for recognition from the Government.

But the collection of such statistics at the present stage cannot form a part of Government programme. Yet, on the other hand, without some sort of Government aid material for such statistics cannot be procured, and if procured will not be very reliable. From these considerations I would suggest that ;—

(a) The Honourable Surgeon General with the Government of Bengal is to invite the prominent Homoeopathic practitioners of Calcutta in a conference and with their aid formulate a scheme to collect these statistics. The cost of the collection of the statistics is to be borne by a fund to be found by such of the practitioners who are willing to co-operate with the Government and will take an active interest in the scheme.

(b) When the statistics will be ready the Hon'ble Surgeon General will call another conference which will decide if, on the basis of the population thus receiving treatment, it is advisable for the Government to make a move in the matter. The second conference will be formed of the Ministers the Hon'ble Surgeon General and a few nominated Members of the profession.

(c) If in this conference it is decided to give recognition to homœopathic system of treatment a third conference will be held by the prominent practitioners of the town and mofussil to take initiative in the matter. If they can formulate a workable scheme and express willingness to find an adequate sum of money by donation from amongst the practitioners and their grateful patients the Hon'ble Surgeon General may be requested to submit the scheme before the Provincial Council. At this stage the homœopathic practitioners and those who believe in it will make an united effort to get the support of the Council and its Hon'ble Ministers through newspaper propaganda.

Suggested Scheme :—

There will be a separate Homœopathic faculty formed on the line of Aurvedic faculty.

Composition of the Faculty :—

1. A President and Vice-President to be nominated by the Local Government for the first term of five or three years and subsequently to be elected by the Members themselves after they are duly elected.

2. Five Homœopathic practitioners from the five divisions of Bengal to be nominated by the Divisional Commissioners for the first term and later to be elected as follows :—

- (i) Each Sub-division will send a representative to the District Committee of the Faculty; the election to be sponsored and controlled by the Sub-divisional Magistrate.
- (ii) These elected Delegates will form a District Committee who will elect from amongst themselves a Delegate to the Divisional Committee. This election is to be controlled by the District Magistrate or the District Judge or by both and the Civil Surgeon.
- (iii) These District Delegates under the presidentship of the Divisional Commissioner will elect one representative to the Central Council of the Faculty.

3. One Member nominated by the Calcutta Corporation who will either be a Homœopath, or if not available a medical man, or a Councillor, with sympathy for and faith in Homœopathy.

4. One Member to be nominated by the Calcutta University who shall either be a Homœopath, or a medical man or a member of the Faculty of Science with faith in and sympathy for Homœopathic system of treatment.

5. One similar Member to be nominated by the Dacca University.

6. One representative from each of the first rate homœopathic teaching Institutions of Calcutta, which, after inspection by the Hon'ble Surgeon-General, will be deemed competent to exercise such franchise. If similar schools be opened in the province later on, the Faculty will appoint Inspectors who will inspect and submit a report to the Council, and if recognition be granted to it by the Council they will then also exercise a similar franchise of nominating a Member to the Faculty.

7. Three Members to be nominated by Local Government from elected Members of the Legislative Assembly who have sympathy for homœopathic form of treatment.

8. Two Members to be elected by the Council at its first sitting, one from amongst the Homœopaths of the City of Calcutta and one non-professional prominent citizen with public activity.

The Faculty when formed will frame its rules and decide the curriculum of studies.

"In my lifetime I desire no recognition for the beneficent truth which I have unselfishly propagated. What I have done for the world I did from higher motives. *Non inutilis vixi*".

S. HAHNEMANN.

Central Board of Homœopathy

A New Enterprise.

Following Mr. M. Ghiasuddin's resolution passed in the Indian Legislative Assembly, strenuous efforts are being made to unite and organise the Homœopathic Practitioners into a compact body so as to facilitate State recognition of Homœopathy which is long overdue. It is a happy sign of the times that the dormant spirit of the homœopaths of the country has at last been roused into activity. Students and Practitioners have alike been taking part in lively discussions over the matter.

A meeting of homœopathic Students and Practitioners held in Calcutta towards the end of last April passed a resolution urging the authorities of the different bonafide Homœopathic Institutions to unite and co-operate with one another in order to form a Central Board of Homœopathic Education, thereby helping to standardise Homœopathic training of student and expedite State recognition. A Provisional Committee was accordingly formed in that meeting to do the necessary spadework for the ultimate formation of the Board of Homœopaths.

The Provisional Committee has been meeting from time to time to decide its programme of work and it is necessary to ventilate its activities through the medium of the Press. It was resolved that all Graduates and Licentiate of bonafide Homœopathic Institutions will be entitled to become members of the Board on payment of an annual subscription of rupees two only. In order to enlist the sympathy of the heads of Institutions and of men of light and lending, the members of the Committees have been approaching them individually, and are glad to announce that most of them have expressed their wholehearted sympathy with the aims and objects of the the Board and agreed to become patrons of the Board. Above all, Dr. Rabindranath Tagore has kindly consented to become the chief Patron of the Board.

It was also decided to despatch letters of the Homœopathic Practitioner- inviting their membership of the Board.

**A FRIENDLY WARNING TO THE MEMBERS
OF
The All India Homœopathic Association.**

10/6/37.

To

THE EDITOR

THE HOMŒOPATHIC BULLETIN

CALCUTTA.

Dear Sir,

Herewith I am sending you a copy of the letter I have addressed to the members of the All India Homœopathic Association on the eve of the special session of the All India Homœopathic Medical Conference to be held at Gaya on the 12th & 13th inst.

As it is an important matter and concerns the welfare of the profession, I request you to kindly publish it in your extend Journal and oblige.

Yours faithfully,

V. D. KASHYAP.

Dear Friends,

It has pained me to know that the organisers of the Special Session of the All India Homœopathic Conference to be held at Gaya on the 12th & 13th June have decided to confer degrees and diplomas upon the members of the Association.

I would request the members to consider with a cool head over this matter from all points of view. I beg to draw the attention of the profession to some of the objections that appear to me most prominent :—

1. To confer degrees promiscuously upon persons who have undergone no regular medical training and whose only claim is that they happen to be members of your Association and have applied for such a degree or diploma directly or indirectly is nothing but to humiliate the good name of Homœopathy

in the eyes of all right thinking persons medical and laymen alike. In no other country there has even been such a method for giving medical degrees and diplomas the underserving. In my Presidential address at the last session of the Conference, I have clearly pointed out the injurious effect of this mal-practice on the profession.

2. To start the practice of holding Convocation under the auspices of the All India Homœopathic Conference and conferring Honorary degrees and diplomas is nothing short of nurturing a poisonous weed in the fair field of our profession. I warn you with all the emphasis at my command, that it will give a great set back to the Association by

(a) lowering the prestige of the Association in the eyes of the Government and the public as Diploma Manufacturing Company, and

(b) by bringing in a bone of contention which will always lead in future to party factions, as what standard or criterion you can fix for ever for the award of such meaningless degrees and diplomas. This power is liable to be abused at any future date by unscrupulous persons coming in power in your Association.

3. It is a well-known fact that Homœopathic profession is already over ridden by Diploma Mills and every honest Homœopath feels their undesirable existence. All eyes are turned to the All-India Homœopathic Association, the strongest Homœopathic body in India, to wage a crusade against this nefarious trade. You can well imagine the consequences if this body itself falls into the same pit. How shall it guide others to take the right step. It is right time that this Association should try to stop this evil instead of itself falling a prey to it.

All India Homœopathic Association.

4. I wish to let it be known to all the lovers of Homœopathy Medical as well-as non medical that such degrees and diplomas are no where recognised in the world and I believe that none in India, public or Government shall ever care to consider them seriously. The Medical Registration Act in India and abroad shall never give them any recognition.

I would expect my friends who are ignorant of the real facts about these degrees to keep aloof from securing these sheets of paper which will in no way enhance their honour or efficiency.

5. The All-India Homœopathic Association is bound to lose its dignity and honour among the International Associations if it once starts this mal practice. It will alienate all the sympathies of the outer world, if it extends its patronage to the quacks at large.

The process of conferring Honorary medical degrees is not only harmful to the recipient of these so-called degrees and diplomas, but is also deleterious to the interest of genuine Homœopathic Science.

I appeal to the good sense of the organisers of this Conference to realise the harmful consequences of this move of theirs to the Homœopathic profession, in India and I hope they shall still see their way not to confer any degrees or diploma on their members and save the Association from becoming a laughing stock of the world.

May Heaven's Light be your guide.

Yours sincerely,

VAISHNO DAS KASHYAP, M.B.B.S.,

President,

5th Session of the All-India Homœo. Conference.

6, Nishbet Road,

LAHORE;

10th June, 1937.

Recognition by Royalty.*

Modern problems and the crescendo "voice of the people" tend to drive in upon our consciousness the conviction that the majority is always right. But there still lives within us that voice of reason and logic which withstands this pressure, else we, as homœopathists, should have yielded long since to the pressure of popular belief in ever-shifting medical tenets. Therefore when conspicuous approbation falls upon a member of our "select minority" from sources whose eminence and judgment brook no question, we all may thrill to the stimulus.

So it cannot be otherwise than a satisfaction to note the appointment of our confrère, Sir John Weir, K. C. V. O., of London, to positions of responsibility such as we may find listed in the *British Medical Register* or cited in the British news :

Physician to His Majesty King George VI, appointed March 1937.

Physician in ordinary to Her Majesty Queen Mary, appointed July 1936.

Physician to Her Majesty the Queen of Norway, since 1928.

Physician in ordinary to Their Royal Highnesses the Duke and Duchess of York, appointed September 1936.

(This appointment ceased as such when the Duke became King.)

Physician in ordinary to His Royal Highness the Prince of Wales, 1923 to 1936.

We have repeatedly stated that homœopathy is a principle of universal application. Surely we may be forgiven for the very human feeling of satisfaction that it is accepted as a principle "on which the sun never sets" !—H.A.R.

*The Homœopathic Recorder, May 1937.

SEA REMEDIES

(Continued from the May issue)

The following cases illustrate the scope of this class of remedies. A patient had a left-sided pneumonia complicated by empyema. It is not necessary to describe the extreme seriousness of the situation because all such cases are serious. Under homœopathic prescribing, in due time there was a discharge of pus through the bronchi with a drop of temperature. However, the temperature did not remain down but for several weeks oscillated daily one or two degrees above normal and the clinical picture was that of mild sepsis. Finally there was sharp rise of temperature and a pus-sac was suspected but the exploratory needle failed to find it. The clinical reasoning after the failure to find pus was that there was an unresolved area that was getting ready to break down. The only symptom, except clinical ones, was perspiring of the head. *Iodine* is often indicated in unresolved pneumonic conditions but rarely has perspiring of the head. Reasoning that one of the *Iodides* might be better, tests were made with all the *Iodides* and since the sea-remedies all contain *Iodine*, all these that we have were tested. *Mussel* came through best. The 500th potency was given. The temperature fell to normal in twenty-four hours and from that day on the recovery was uneventful.

The second case was a boy aged ten. He had been perfectly normal until a year before. Then his abdomen began to enlarge and he began to get fat all over, more from the waist down, and gained fifteen pounds in a few months. He had a very poor appetite until after he was five, when it became normal. During the few months preceding his coming to me, he perspired easily, especially, on the hips, on his lower lip and on the scalp. He had wet the bed until he was eight years old. He had easy nosebleeds. During the past two or three years he had frequent headaches which came on in the afternoon, particularly if he were excited. He described them as though "everything burst out". With the headaches was the symptom, "worse from exertion, better lying down". During some of them he

vomited. His tongue was narrow, red at the tip, with papillæ showing through. He had been diagnosed by an endocrinologist as being a case for endocrine treatment, the gland-products to be given by hypodermic injection. We should naturally think of the *Calcareas* for this patient but through the reflexes, found *Tuberculinum* to be a better remedy. He was given *Tuberculinum*, Heath. 1M. Four weeks later, he reported. He had lost eleven pounds and had felt tired only on one day and had had only one headache and was, in general, less tired, but the tiredness was returning. Perspiration was the same. *Tuberculinum* Heath. 10M. was given.

A month later he reported that he had developed an acute cold during the past few days. This began with sneezing followed by cough without fever. There were no chronic symptoms on which the next remedy could be selected with certainty so tests were made and, of all the *Calcareas* and the sea-remedies, Baby Sea-Mussel came through most strongly and was given in the 1M. potency. Four months later he reported perfectly well. He had lost all superfluous flesh, had no more perspiration and looked like an ideally well boy.

The mussel is esteemed a great delicacy by many but on the Pacific Coast it is apt to be extremely poisonous in summer. In fact, the poison is as virulent as that of the botulinus, which ranks as the most powerful poison known. It has been found that this poison is not inherent in the mussel but is caused by an organism which develops in part of the Pacific Coast waters in the summer. The organism gives a blue coloration to the water, and the mussel collects it in its gall-bladder.

Cineraria maritima (Dusty Miller) has for a long time been known as useful for cataract. This plant grows in the sand-dunes close to the salt water. It belongs to the wormwood family. It has been used locally as drops in the eyes but it must have inherent curative properties as a constitutional remedy, possibly combining the effects of Silica with those of the iodides.

SEA REMEDIES

The foregoing is an assay of hidden values already intuitively recognized by Hahnemann and those who have followed his lead. Transcending the values of the new remedies are the phenomena that led to their discovery. Every one interested in medicine should familiarize himself at least with the phenomena of the pupil-changes, pulse-effects and changes of percussion-note that can be caused by highly diluted substances. This will lead to the discovery of new remedies and to new use of old ones and will broaden our clinical experience. Furthermore, if many physicians are working with these phenomena it will help those who are attempting to bring the phenomena into the field of physics.

Appended is a list of the sea remedies, old and new, which are available.

DISCUSSION

DR. CAMPBELL: As Bureau Chairman I want to thank Dr. Stearns, on behalf of the society, for the work he has gone to in preparing this paper for us. There is no question about the sea plants and the sea animals; the poisonous ones will in time add greatly to our armamentarium. Very often it seems as though the poisonous effects of the substance, the direful effects, are in direct proportion to its beneficial effects.

DR. MCLAREN: If it wouldn't take too long, Dr. Stearns, would you describe this pupil reflex to us? We would be very glad to hear about it.

DR. STEARNS: Have the patient seated, facing you. Have an assistant stand three or four feet at one side or behind the patient with the remedies that are to be tested convenient on a stand where they can be easily picked up. Have an electric light with a shade (I use an ordinary goose-neck lamp with a 55-watt bulb) with which to contract the pupils. Hold the lamp at the level of your lap with the shade turned up so that the light is not reflected into the patient's eyes. Direct the patient to look straight ahead over one of your shoulders. Now, turn the lamp until the

light shines on the eyes. The pupils will immediately contract and then dilate slightly until the light-effect is balanced. Now direct the assistant to pick up a remedy and move it quickly toward the patient, not necessarily touching him. The picking up and moving the remedy must be in one motion and done quickly because, if the remedy effects the pupil, dilatation begins the moment a remedy is touched. The remedy is then immediately put aside. If the pupils are going to dilate, they will do so at once. If the remedy is brought up slowly, the dilatation begins as soon as the remedy is picked up and is slow and the result is confusing. The object is to have such dilatation as takes place occur quickly so as to be definite.

The first few remedies usually cause a psychic reflex so that with each of them the pupils dilate, but after the patient becomes adjusted to the test, this reflex does not occur; so the first few remedies must be tested again. Also go over several times all the remedies with which dilatation has occurred so as to eliminate those that are not positive.

There is a reflex of the pulse that can be used but this is not as useful for cases coming to the office. If you have a patient ill with a fever, where the pulse is more rapid than normal, a remedy homœopathic to the case will cause the pulse to become slower. To observe this reflex, first count the pulse a full minute so as to get its rate. Select the remedies that are to be tested so as to contain as few as possible. Now place one of the remedies on the patient's hand and count the pulse for a quarter of a minute. If the original pulse-rate is a hundred per minute and with a given remedy the quarter minute count is 22 or 23, you may know that the remedy is a good one. Go through the list that you are working with and you will note that the remedies that are not useful will effect the pulse not at all or only slightly, but a remedy that will help the patient will cause the pulse to drop two or three points in 15 seconds. You will also find that, among the effective ones, one will produce a little

SEA REMEDIES

greater effect than any of the others and that one is always the preferable remedy.

Some physicians say they have trouble in observing this effect. Where this occurs, the technique is wrong in some way, probably because the remedies selected are not adapted closely enough to the case.

DR. SMITH : Does it always decrease the pulse ?

DR. STEARNS : In my observations the pulse rate is always lowered if the patient at the start has an abnormally rapid pulse but, where the pulse is very slow, the result is an increase. Apparently this effect always brings the pulse toward normal.

DR. CAMPBELL : Is that valuable in febrile cases ?

DR. STEARNS : As far as I have gone it is. However, I have never found it useful with a fibrillating heart or in an irregular pulse, because in those cases you can not tell whether the variation is due to the irregularity or to the effect of the reflex.

DR. STEVENS : You spoke of it only in ~~bed~~ cases.

DR. STEARNS : This reflex ~~can~~ be used in any case where the pulse is regularly increased or decreased, where the alteration is due to ~~sickness~~.

DR. MCLAREN : Hyperthyroidism would be a good case to try it on.

DR. STEARNS : I have had no experience with this test in hyperthyroidism.

There is one other reflex that you can use which is a more difficult one. This is by means of percussion and it is just as striking as the others are. In percussing, one must learn to press the finger on which you tap very firmly to the chest and to tap not too heavily but with a quick rebound with every stroke. This is the secret of perfect percussion. The location of the percussion should be at the point on the upper outer chest where the percussion note begins to change from resonance to dullness. If while percussing someone will bring a potentized remedy within a few feet of the patient, the percussion note will change.

DR. MCLARN: Of what value is that, then, if any remedy will do it?

DR. STEARNS: I will show you. If you take the remedy far enough away, it will cease to produce this reflex, so in making the test, you must have the remedies so far away that only a few will cause the effect and you can differentiate between these few by the quickness with which the effect occurs and also the intensity of it.

You can use a variation of the test where distance is not available. Apparently the energy of a potentized substance acts similarly to electricity in that it will condense under proper conditions. The person who handles the remedy apparently acts as condenser. When any remedy is picked up at a few feet away it will cause the change in percussion note. Now if the remedy be lifted higher and higher there will come a point at which the reflex ceases. It is just as though the body is converted into a variable condenser, the variability resulting from the fact that the hand that lifts the remedy gradually reduces the condensation effect of the body. When a remedy that is curative is used, the person lifting the remedy can lift his hand as high as he can reach and still the effect is present. This fact can be utilized in working through a number of remedies.

DR. MOORE: In your pupillary test is it necessary to have the patient look at blank wall?

DR. STEARNS: I always direct the patient to look toward the wall and not look at it. It is better always if the wall is on the dark side of the room. The object is to relax the accommodation of the pupils so that they can respond to the effect of the light.

These tests reveal the fact that in potentized medicines we are dealing with actual material. Don't forget it. Take salt, for instance, you can feel it and you can taste it. After it has been diluted to where you can neither feel it or taste it, it is still salt just as much as it was salt before it was diluted. If this were not so it could not possibly affect the

SEA REMEDIES

reflexes. Is my logic right or wrong? I do not believe the reflexes can be effected without either a psychic or a physical cause.

DR. MOORE: You mean to say you have sodium chloride in a 10M. potency?

DR. STEARNS: Salt will affect the reflexes as much in the 10M. potency as any other.

DR. MOORE: Is that sodium chloride, or is it an energy developed from sodium chloride?

DR. STEARNS: It is sodium chloride. It remains the same thing you started with. only something has been done to it. A leverage has been applied. When salt is put in water it disappears but it is in every part of the water and you can taste it. As you continue to dilute it, you can neither taste it nor detect it chemically but the effect is still there, as shown both through the reflexes and the curative effect. In diluting, you apply an enormous leverage on all sides of the substance being diluted.

DR. MOORE: In the case of silica, as it is in the crude state, you get no reaction from it so it wouldn't be Silica.

DR. STEARNS: Silica is brought to the potentized state.

DR. MOORE: That would be an energy and not Silica, as I get it. I like that figure energy.

DR. STEARNS: Energy is another aspect of matter.

DR. MOORE: No, energy and matter are interchangeable. Matter in its highest vibratory degree passes gradually into energy.

DR. STEARNS: Surely; it is the same thing only it is in a different state. If a body be moved through space and its speed be accelerated until it reaches the speed of light, the body will no longer have length. This is the well-known Fitzgerald effect. Matter shortens in the direction of its motion and when it acquires the speed of light it no longer has length. It is the same thing only it is in a different state.

Cooking Vessels and Health*†

LEHUNTE COOPER, M.D.

London, England.

IT IS of special interest to me that I am addressing you this evening at Grosvenor House, for it was under this roof, three years ago, that I made my first pronouncement on this subject to my more intimate professional confreres and friends

I think you must agree with me that the importance of the question we have to deal with this evening cannot be overestimated, for of what avail is all the skilled scientific investigation into the character or quality of our foods and their contained vitamins, if the cooking of them introduces substances which are inimical to health? The question of entraneous substances entering food is of the very first importance, but in the past that has not obtained the attention it has observed. I am glad to say, however, that the health authorities have seriously tackled the question of "preservatives" by making their use illegal, and this is a definite step forward.

Strangely enough, possible influence of metallic substances in food has not hitherto attracted very much attention, and until all such influence has been finally eradicated, we can never hope to reach that Utopia of health in which disease is banished for ever. This Elysium may be visionary at present, but for the sake of progress and posterity we must ever keep it in view, with full recognition of the paramount necessity of, first and foremost, removing all substances which not only *do*, but even which *might*, injure human health. Regarding all toxic substances as a band of criminals which it is our duty to extirpate, the only common-sense way of dealing with them is to seek out and remove

* Read to the Professional Nurses and Hospital Union 1934.

† Read by title at the 92nd Annual Convention of the A. I. H., at Cleveland, Ohio, June 21-25, 1936.

LEHUNTE COOPER, M.D.

their leader—in other words, the one which is, at the present time, productive of the greatest harm, and deal with him thoroughly, leaving the rest of the band to be dealt with subsequently. It will be my endeavor this evening to show that the substance which can be most justly so described is Aluminum, and that, in comparison, all other substances take secondary place.

It may seem strange to you that, in spite of the danger attending the use of this metal for culinary purposes having been known for so long, the shops and markets are still so full of it; but you will more readily understand why this is so if I quote from a report written by Dr. J. H. Burn for the British Non-Ferrous Metals Association in April, 1932; nine months after I had distributed the results of my researches to 20,000 members of the medical profession, in a monograph entitled "The Danger of Food Contamination by Aluminum." After discussing the matter from the animal experimental point of view, actually quoting more evidence against aluminum than for it, he tells us that therefore "the use of aluminum utensils is not attended with any risk to health." Then shirking the main issue, by throwing all the evidence of injury to human health, which I and other medical men had reported, ignominiously on one side, and likening it to fallacious reports on new remedies, he soliloquizes thus:

"How these reports are to be explained is a mystery which we cannot understand, but the existence of which must be recognized; the mystery is the mystery of the effect of mind over body, and of the power of the Witch Doctor since civilization began."

Thus we have the strange anomaly of a scientist dealing with a human subject, discarding all human evidence as unworthy of notice, and, without proving any of this to be false, giving a verdict allowing the free and unrestricted sale of such vessels to an unsuspecting public, without even a suggestion of the necessity for precautions; thus leading

them to believe that these vessels can be used under *all* possible conditions, with any food, with soda or anything else added, and that foods can be cooked in them for indefinite periods, and left standing in them for weeks, without the least possible danger.

It will be my purpose this evening to show how grave a responsibility rests on the shoulders of anyone making such a sweeping declaration, though I can only give you a fraction of the evidence owing to the restricted time available.

A brief recapitulation of how this matter first came to my notice will be necessary, as I take it for granted that most of those present this evening are unacquainted with the results of my past investigations; these having been mainly recorded in papers read to medical societies and congresses in London, Paris and Madrid.

Up to 1930, I most regrettably confess that I have no thought to the influence of the material structure of cooking pots on health. My attention had been called to two articles in the *Franco-British Journal* in October and December, 1928, by Dr. Leo Spira, of whose valuable work more anon, but these had dealt with metallic influence as a whole, including the possible presence of other metals, and especially of lead, in tap water, his beneficial results being obtained through the discontinuances of all of these at the same time, thus pointing to the culpability of the band as a whole, but allowing the real arch culprit to slip away unrecognized. At least so it was in my case, and I had so little conception of the danger of aluminum, *per se*, that I and my wife gave a set of aluminum cooking vessels some years ago, as a wedding present, to some relations, the irony of this act of grace lying in its denouement. For the lady became a patient of mine for gastric trouble, which I had very great difficulty in dealing with, till my subsequent discoveries led to my enjoining a replacement of these vessels by others made of a different material; when the necessity for further treatment immediately ceased.

My complete freedom from suspicion makes my first discovery the more significant. I have dealt with this case more fully elsewhere, but here I may say that in March, 1910, a lady was sent to me by her local medical attendant, with recurrent gastric attacks which had become alarmingly more frequent of late. They were accompanied by some pyrexia. The last attack had occurred ten days before, while at dinner. She said she was in agony all that night, with pain like red-hot bands, and stiffness, round the epigastric region, and that the pain did not lessen till the following day. It was a question whether the attacks were due to appendix trouble, or the possible onset of malignancy; but in any case operation was considered imperative, owing to the failure of treatment hitherto.

As I could find no local signs to justify either of these diagnoses, and the symptoms seemed specially related to the taking of food, this having apparently been of an innocuous character, I began to think of possible contamination with copper in the food. She, however, insisted that this was impossible, as she has used nothing but aluminum for years, had just purchased a completely new set, that her cook was particularly proud of these vessels, keeping them scrupulously clean, that she liked it so much, and would use nothing else, etc., etc., and in fact, continued this eulogium to such a length that I began to wonder if this metal, used to such an extent, could possibly enter the food, and, if so, whether it could derange the gastro-intestinal tract. I argued the unlikelihood of this, for she had been using it for very many years, and had been to all appearances healthy. Still, her insistence on the quantity of it she used, and the thought that it might have a cumulative action if continued sufficiently long, led to my asking her not to let any aluminum touch any of her food and drink, as an experiment. I was too doubtful myself to give her any encouragement of relief, so that I could not be accused of influencing her by suggestion, to which those anxious to prove my contentions wrong like to ascribe all the

recoveries which I and other medical practitioners have noted. I may here say that in all my subsequent cases I have been most careful to eliminate this element, and naturally so, being anxious myself to arrive at a true conception of the facts.

So far as this patient was concerned, the change in cooking utensils resulted in all symptoms and attacks immediately ceasing, without further recurrence, so that operation was no longer necessary.

Had this been an isolated case, it might well have been put down to coincidence, which indeed I thought possible, but, from this time onwards, corroboration followed corroboration with such unceasing regularity that doubt became a certainty. What struck me as very remarkable was the variety of symptoms I found produced by it, in other words the variety of symptoms which disappeared on its disuse; and it became increasingly evident that other spheres beside the gastrointestinal tract were involved, not the least of these being the skin, it being frequently noted by myself and others that eruptions disappeared with the cessation of gastric symptoms. These of course might have been an indirect effect due to disturbed digestion, but I subsequently proved to my satisfaction, and that of others, that the effects were a direct action of the metal itself on the skin. Some cases I shall give you later will bear this out.

Now began an intensive search, on my behalf, by the Medical Laboratories, for any literature bearing on the toxic action of aluminum, but beyond Dr. Leo Spira's work already mentioned, I could find nothing. This, however, was significant, for he had given cases, including one of himself, of severe skin manifestations, such as cheiropompholy, and eruptions resembling dhobie itch, and foot tetter, associated with gastric derangement, which had cleared up on stopping the use of tap water and cheap aluminum vessels.

Unfortunately, doubt was left in the mind as to which of the metals suggested was the cause of the symptoms, and

whether these latter were not indirectly due to the stomach derangement set up.

It is noteworthy, however, that more recent research by him has resulted in conviction as to the true culprit, as evidenced in the brochure he issued last year entitled "The Clinical Aspect of Chronic Poisoning by Aluminum and its Alloys."

Three months elapsed before I could obtain any other literature, and then a quantity of it from America came to light, of which more anon. Meantime, I had several problems before me.

1. Does aluminum come off in any form when food is prepared in vessels of this material?
2. If so, can it derange the gastro-intestinal tract?
3. Can it become absorbed into the circulation, and in this way produce harmful effects?

Inquiries soon elicited the facts that when aluminum vessels are cleaned, a quantity of black material comes off on the cloth, and that boiling water in such a vessel leaves a black stain, which disappears if fruit is stewed in it; it being obvious that the drinking of such fruit juices must introduce this material into the system. I therefore had this black deposit examined at the Pathological Laboratories in Harley Street, it being found to consist of aluminum oxide, calcium, and iron. I may here say that I chose these particular Laboratories, the first in the Kingdom, for all the examinations carried out, as I wished to have reports I could absolutely rely upon from an unimpeachable source.

I next found that the *Lancet* had made exhaustive tests with various foods, vegetable acids, and salts, etc., in aluminum vessels in 1913, and that these showed that, with hardly any exceptions, aluminum in some form or another was given off. For example, when cold water was left in a saucepan for twenty-four hours, a white gelatinous substance sweated from it, which on examination proved to contain

aluminum and silica. A 1 per cent. solution of common salt in tap-water when left over night after boiling for several hours produced several white gelatinous growths on the edge of the fluid which were found to contain aluminum and silica.

Common salt and acetic acid when boiled several hours were found to contain traces of soluble aluminum salt, and on leaving the pan in contact with its contents, and in the cold for a night, "some soft white aluminum rust appeared in several places, and the metal was pitted."

This pitting of the metal is evidence of an eating away, or rusting, and is very characteristic of this metal; the "rust" being white not red like that of iron, and consisting of oxide of aluminum, known technically as alumina.

Tartaric acid, which occurs in many fruits and vegetables, when boiled and left for 24 hours "produced patches of white aluminum rust."

Common salt and tartaric acid produced a soluble salt of aluminum which was found in traces on testing the fluid.

With citric acid, i.e., lemon juice, not only was soluble aluminum found, but there were "signs of the aluminum being attacked" Yet they still sell lemon squeezers in this metal, some consisting of a perforated tube introduced into the fruit.

Carbonate of soda is the salt which acts most drastically on aluminum. The *Lancet* found that with even so weak a solution as 1/100 per cent. the aluminum was detached in a soluble form, the solution responding decidedly to the tests for the metal.

The importance of the action of carbonate of soda, or soda in any form, on this metal cannot be over-estimated, for it brings off aluminum in great quantity and eats deeply into the substance of such vessels when used in a crude form, as unfortunately is so frequently the case with the average cook when cooking green vegetables. She uses soda to retain their green color, often throwing in a lump of common washing-

soda for this purpose. Even those who, for purposes of sale, maintain that it is not only innocuous, but actually healthy, to use aluminum could not but shudder at the thought of such a practice. Yet this is not only done, but soups made with vegetables in this way, with meal and other ingredients, are kept in aluminum stock-pots for days, and sometimes weeks, more vegetables and other matter being added and heated up from time to time to improve the brew. I have never tested such a solution, but knowing the effects on the human system of even moderate amounts of the metal, the mind reels at the thought of the appalling consequences which must ensue to outraged nature from the frequent introduction of such a poisonous mixture into the human stomach.

In the early days, manufacturers used to issue a warning of this with the pots they sold, but they feel too secure now-a-days to trouble about this, and, besides, such a warning might detract from the "perfection" claimed for their wares. Instead, they issue colored pamphlets extolling their healthful character, which can be used not only with impunity, but actual benefit !!

To continue the *Lancet* tests: Beefsteak fried showed "distinct traces of aluminum," tomatoes, butter, salt and pepper fried, the same, and in soup prepared in an aluminum saucepan, with beef extract, carrots, onions, salt, pepper and vinegar, traces of alumina were found.

As the Harley Street Laboratories, with a similar soup, and even without vinegar, after standing for twenty-four hours, an extraordinary amount was found to come off, and this emphasizes the intensification of the damage when foods are allowed to stand for a time in these vessels after cooking.

But is it within reason to expect the average cook never to leave a meal in the pot in which it is cooked, and even to warm it up again before it is served, especially when no warning of the danger of such a practice is issued with these vessels?

I have no time to give these latter tests in full, except to say that they are fully set forth in my monograph entitled "The Danger of Food Contamination by Aluminum." They were on a quantitative basis and evidenced, an even greater amount of the metal entering the food than the *Lancet* tests.

Since I first published the results of my researches, a great deal has been made of the actual quantity of aluminum coming off individual pots, as tested in various laboratories, but so far as the "man in the street" is concerned, the essential and all-important question is does any of it come off and enter his food and drink, and if so, is it injurious?

The conclusion the *Lancet* analysts came to as a result of their tests was that so little soluble aluminum came off that it was unlikely to cause injury to health; but it must be remembered that at that time they were unaware of any evidence of aluminum ever having proved injurious, except in the case of its salt alum, though this alone might have made them pause. Another cause of error was that they discounted the fact that, besides this soluble form, the metal enters the food in the form of the oxide (alumina), and also as the metal itself, the latter being a not inconsiderable quantity when one remembers that many foods need frequent stirring in their preparation, such as porridge, stews, and juns. In the latter case, the stirring is carried on almost incessantly for at least $\frac{1}{2}$ of an hour, heat being constantly applied all the time. The reason alumina and the metallic form were discounted was because they were regarded as insoluble, and therefore probably incapable of absorption into the system, but as long ago as 1888, Professor J. M. Mallet proved that alumina is chemically changed into chloride of aluminum in the stomach, being acted upon by the hydrochloric acid of the gastric juice, precipitation of the pepsin resulting at the same time. The Harley Street Laboratories not only confirmed this for me, but proved that the metal itself was actually more soluble than the oxide. Had the *Lancet* analysts in 1913 known this

fact, they might have qualified their verdict considerably more, but even with the evidence before them, they thought it advisable to issue the following cautions: "Keep the vessels perfectly dry when not in use, and coat them with a film of hydrocarbon oil to protect the metal from the combined action of the moisture and air," and "it may be desirable also not to scour cooking vessels to such an extent as to remove any thin coating which forms on the surface for this coating subsequently becomes protective." This together with the caution "not to leave water for long in aluminum water bottles" were remarks hardly calculated to instil confidence in future users. But, with the passage of time, such precautions became more and more neglected, and ultimately forgotten; confidence grew to such a pitch that the association between the use of these vessels and symptoms of ill-health was overlooked; more and more of this metal was used in industries preparing and storing materials intended for human consumption, and in fact modern existence became so enmeshed and shackled with the universal use of this material that any suggestion that all might not be what it seemed has had to meet most stubborn opposition.

(To be continued)

Diet for the Elderly

Dr. Elizabeth Sloan Chesser.

MAN—woman also—grows old in "bits" Teeth, joints, hair figure alter day after day, invisibly but unmistakably, as year follows year after we pass the frontier of youth. Most people age prematurely because they misuse and misfeed their tissues. Quality of blood is derived from food plus oxygen, hence the importance of diet when men and women are beginning to leave middle age behind. Age is, of course, relative. I know of men of fifty who are elderly, other men and women of the same age who appear at the zenith of mental and physical activity. Suppose we regard the period

between 24 and 40 as maturity, 40 to 50 has middle age, then the elderly stage of life would extend from 55 to 65: after these years most people would be content to be labelled "old."

Amongst those classes which are badly fed and undernourished all their lives, a woman looks old fifteen years earlier than the lucky well-to-do, especially if the latter use their brains and exercise their bodies. Wealthy people are in danger of early deterioration if they overfeed with rich food, and underwork their brains. The brain should be the last organ to grow old. Mental capacity increases as the years advance, if the brain has been actively engaged. No diet, however perfect and scientifically calculated to satisfy the needs of any one of us, will prevent deterioration if we allow ourselves to rust. We must work and work to the point of healthy fatigue. We must also avoid brain stress, control our emotions. There is nothing more wearing, more having than futile anger, hate, hostility, fear. Food influences the emotions for good or ill. Overeating, undesirable in maturity and middle age, is disastrous to the elderly.

* * * * *

In the bad old days of dietetics, our forefathers believed that as people grew older they needed "support," in the way of generous diet. Tens of thousands departed this life prematurely in consequence. Millions lose their teeth to-day from the fetish of feeding sugars and meats in such quantities as to ensure toxæmia. Then there is the chronic inertia, stasis of the intestines—for which the rich resort to high irrigations or *plombieres*—which induces dental decay failing eyesight, irritability of temper and self-pity. These signs of going down hill are relieved by a good purgative—but only temporarily, unless the quantity of food is judiciously restricted, especially by those with a tendency to high blood pressure.

Large meals are bad for all ages after 30 years. They are a crime in elderly life. The homicidal housewife who encourages her ageing relatives to over-stimulate themselves with three "good" meals plus a few snacks in the day is a menace to the victim of her solicitations.

I would like to fix in many homes a little text illustrating old folks at their leisurely golfing, walking and swimming, and call it "Hands off the elderly!" Why not leave old people in peace to work out their remaining span of life without nagging them to do less and eat more? I caught a gleam of hatred in the blue eyes of a mother-in-law, told by one of the younger generation she was "too tired" to go to the cinema. When this active *helle mere* was advised to occupy a sofa and read a novel which happened to be written by a young girl obsessed with boring sex aberrations, she determined in future to stick to the companionship of her peers. The twenties and the sixties may or may not like the same amusements; they ought to choose different foods. No longer at the carnivorous stage of life, men and women in the sixties should eschew mixed grill, rich curries and cocktails and choose instead fish, chicken and an occasional dry sherry.

* * * *

If middle-aged people have been indiscreet, gradual alteration of diet is called for, rather than sudden cutting down and cutting off foods to which a person has been accustomed. The ideal is to delete butchers' meat (acid food) except to give it once daily or twice a week. Fowl and fish must take the place of joints and steaks when the digestive system, in the natural course of things has its former's good supply curtailed and its vigour in consequence diminishes.

Another forbidden food is represented by the rice—pudding—tapioca—sago abominations which is, curiously enough, considered specially suitable for school boys and grandparents. For my part, I consider that excess of starchy, sugary diet is particularly responsible for the bronchitis of elderly people. In these cases, a few days' semi-starvation followed by lacto-vegetarian diet (farm and garden produce) will relieve the unpleasant coughing and wheezing of many sufferers from one of the plagues which annoy man kind after sixty. It is best to avoid pork, puddings, spices, highly seasoned foods, new bread, hot buttered toast, strong tea and strong coffee.

Elderly people must be provided with foodstuffs rich in minerals and vitamins, such as milk, green vegetables, one or both of which contain calcium, phosphorus, iron, iodine. (Fish is a good iodine food). Vegetable purees are excellent, spinach, is of special value. Uncooked vegetables and fruit provide roughage which helps to prevent constipation or stasis. The material passing along the digestive tract must be such that it will give the necessary stimulus to peristalsis or the rhythmical, waving forward motion of this long, complicated, twenty-two feet of coil.

* * * * *

One of the periodic fits of insanity displayed by physicians and public alike is the present custom of swallowing sea weeds, seeds and oils disguised as "medicine" instead of educating the women of the country in dietetics and cookery. If one and sometimes two uncooked meals were included in the daily dietary household labour would be diminished in inverse proportion to gain in family health, efficiency and happiness. Natural food, *i.e.*, unspoiled by cook chemist or factory, contains, besides roughage or ballast, vitamins and catalysts. These last-named substances, at present difficult of defection, are considered by modern biochemists to be essential to the disintegration, digestion and assimilation of food. In order to stimulate these three processes in the elderly people whose digestion and circulation tend to be sluggish, a salad, orange, apple and milk should be included in the daily menu.

The best friend of the elderly, in the great invisible microscopic world of germs, is *bacillus coli communis*, if he is properly treated. On a lacto-vegetarian diet, this bacillus, Emperor of the colon, has a chance to help, to make men and women resistant to such dread diseases of the elderly as cancer and arthritis.

Old age is failure of resistance rather than disease. In this phase of civilization, resistance is only 50 per cent. of what it might be. Poisons make us old before our time. Food lacking in vitamins and catalysts starve us in the midst of plenty.

Fermentation in the colon makes people old, ugly and depressed. In a community where every woman became proficient in her three most important functions, "la cuisine, le conversation et l'amour"—everyone must place them in order of merit as seems best to herself—disease and all the ugliness of old age would largely disappear. Let us utilize food from the kindly earth and use also the forces of nature; air, sunshine, water, electricity, and men and women will keep their youth till sixty and make of senescence something gracious, aesthetic, spiritual. That health, the appearance of youth, and personality depend largely on the endocrine glands has become something of a platitude in the nineteen-thirties. The main task of these ductless glands—thyroid, pituitary, adrenalin, etc.—is to protect the body from poisons. Wrong feeding, especially deficient vitamin feeding, produces toxins which poison the glands and exhaust them, with disastrous consequence to the individual.

THE PSORA OF HAHNEMANN AS A SCIENTIFIC TRUTH PROVEN BY THE MOST RECENT MEDICAL INVESTIGATIONS*

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Continued from our May issue.

This affirmation, repeated so many times by the Master, based sometimes on the skin manifestations and others in the symptomatic picture accompanying "rickets, curvature of the spine, hæmoptysis, continuous or spasmodic asthma," etc., reveal to us with sufficient clarity that tuberculosis in its latent, latent or evolving forms, is the evident cause of what the founder of homœopathy called psora or the "hundred-headed Hydra."

This "hundred-headed Hydra" finds now-a-days its confirmation by means of the different procedures with which modern science counts, for prophylaxis as well as diagnosis

and treatment of this plague, spread so terribly almost all over the earth's surface; so misunderstood in antiquity and so propagated, as the illustrious Hahnemann said.

In order to have an idea of the value of such an affirmation, I shall quote Klemperer, who in his work edited in Berlin in 1934, Volume VII, page 295, chapter on Infantile Tuberculosis, written in co-operation with Engel, assures us that the tubercular infection in infancy reaches seventy per cent of all cases examined.

The intra-dermic test procedure by Mantoux with Koch's tuberculine, which offers to be more sensitive and therefore, superior, to the skin re-action of Pirquet, has rendered Dow and Lloyd a forty-three per cent of positive re-actions confirming tubercular infection. (Desvernine and Galdos, Havana, 1933).

Marfan, in that same work tells us: "In children of less than one year of age, there is no bacillar infection in repose, so to say; for this reason, a positive skin re-action reveal almost always a tuberculosis in evolution.

Dr. Enrique Sunier and Ordonez of Madrid, in his treatise on Infantile Diseases, edition 1921, Vol. III, page 309, chapter on Scrofulism tell us: "Scrofulism has in truth ceased to be a true morbose species and become an important variety of tuberculosis."

In his descriptions to this respect he asks us to realize, among other things, besides the sensibility of these patients to all external agents, the presence of eczematous eruptions, lichens, hives, seborrhœas, intertrigos, etc.

Drs. G. Simon and Redeker, in their work entitled: Infantile Tuberculosis, edited in Germany in 1932, tell us on page 577:

... lupus, as a manifestation of tuberculosis of the skin, appears in the varieties such as the common, the erythematoid, the scaly, the nodular and the radiant lupus; but the most frequent of all is the psoriasiform lupus.

The Psora of Hahnemann as a Scientific Truth

Far more important are the tuberculides of papulo-necrotic nature that may appear under the form of papulæ or papulopustules, the most frequent being the skin infiltrations of the size of a grain of millet, that raise the surface of the skin and become reddish-blue turning to brown.

The above quotations emphasize the multiple varieties of dermatotic manifestations of a tubercular type in relation with the general disturbances accompanying them, and the very close relationship that the modern descriptions bear to those of the founder of homœopathy, when he spoke about the different eruptive variations of the psora and referred to it as a constitutional disease.

Dr. Wilhelm Neumann, of the University of Vienna, in his treatise on the Clinic of Lung Tuberculosis in the Adult, edited in 1934, on page 299 et seq. speaks about larvate tuberculosis in the following terms :

There are still those cases to be described which reach the physician, not because of symptoms of the respiratory apparatus, but in which the manifestations in any other organs prevail; or it may be any other symptom, so that sometimes one never thinks of the lung as a sick organ, and in other cases one hardly imagines that it may be tuberculosis. In order to better understand them, one should call these states with Sokolowsky: masked tuberculosis or larvate tuberculosis.

And he mentions afterwards a series of symptomatic and functional disorders as signs of this kind of tuberculosis. Among these are cardiac symptoms, the symptomatic abdominal triad embracing ulcer of the stomach or duodenum, cholecystitis and appendicitis, which, according to the works of Steindl, Holler, Bergmann, Löper, Pagel and other authors, confirm their tubercular origin.

Serdy, Leamire, Lœffler, Hufnagel, and other medical authorities, seem to agree in accepting in some cases the symptomatic picture of an endocrine affection or of atonic dyspeptic states as masking tuberculosis.

We could, accordingly, assign some rare manifestations of nervousness, neurasthenia, as well as some psychoneurotic symptoms which are frequently badly interpreted,

to a tubercular condition lurking in the back ground. (Page 327 loc. cit).

If now-a-days, with all the laboratory aids we have, and being in a position to employ many methods of clinical exploration, such as x-rays, reactions and analysis, etc., we are yet faced by a veritable chaos in the clinical descriptions of tuberculosis with regard to the different forms and aspects taken by this terrible scourge of humanity, it becomes evident once more that the founder of homœopathy did not fall into an error when he included in his theory of the psora, as a chronic and constitutional disease, all that group of diseases which were then very poorly known and worse interpreted, so that with perfect justification, they may be embodied in this group of manifestations originating in tuberculosis, as up-to-date studies prove, and therefore within the manifestations of Hahnemann's internal or external psora.

An almost endless number of quotations can be given from modern works to prove how right was the founder of homœopathy in pointing, as he did in his treatises on Chronic Diseases, to the psoric, and therefore, to the tubercular origin of "consumption, continuous or spasmodic asthma, pleurisy with or without collection of pus in the chest, hæmoptysis, rickets, wasting in children, etc." Modern research, therefore, makes it evident and irrefutable, that the psora is identical with tuberculosis in its extremely varied anatomico-clinical polyformism.

The Mexican doctor, Eliseo Ramirez, writing recently (December, 1935) expounding his recent investigations in his treatise on General Pathology, says on page 81 of that work :

"The studies of Calmette, Valtis and Lacombe, have come to complicate still more the problem with the discovery of a possible filterable tubercular virus."

Further on he states actually, after quoting several concepts from Van Benedan, Bonis and Basselarij, Arloin, Dupont and Fontes :

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"From these and other facts it may be presumed that fetuses ejected by mothers seriously diseased with tuberculosis may be bearers of a tubercular virus which does not cause anatomical lesions demonstrable by methods used now."

As if that were not enough, the same Dr. Ramirez says in that same paragraph :

"Children in whom one cannot discover Koch's bacilli nor lesions, but with syndrome of progressive malnutrition and fatal evolution, present tubercular virus as macerations of ganglia and viscera filtered through a filter stone and inoculated to the guinea pig—determine the apparition of bacillar forms which are acid-resisting."

Thus there is a countless number of physicians of the traditional school who tell us that there exist forms of tuberculosis, the anatomic lesions of which cannot be demonstrable even with modern methods of investigation (1936), and this more than a century after (1828) the sage of Meissen, the famous Samuel Frederic Hahnemann, founder of the curative principle of the Similia, made the same statement. It is therefore demonstrated that even with the help of every means with which modern medical science counts, as the pontiffs, of Traditional Medicine affirm it is not rigorously indispensable to prove the pathogenous agent in order to find typical tubercular manifestations even having a fatal outcome. It is enough to know how to make an attentive and detailed examination of the symptoms and signs in order to be able to make a diagnosis of any disease, as symptoms and signs constitute, according to Hahnemann, the only expression of disease (Organon, paragraph 14, pages 95 and 96, Spanish translation).

From all that has been set down it should be understood that judicious observation, the clinical eye and the intelligence of the Master led him after several years of long and patient studies to the conclusion (expressed naturally in the language and form peculiar to his epoch) that: psora "the hundred-headed hydra" as he called it, is nothing else but tuberculosis which clinically offers the most varied and multiple forms.

Therefore, the "Psora" of Hahnemann, described masterly by the founder of homeopathy, his proven now-a-days, as it was formerly, in laboratory, clinic and therapeutics.

Conclusions :

- I. The psora of Hahnemann, as a constitutional disease, is represented by tuberculosis in its anatomico-clinical polyformism.

- II. The specific pathogenic agent does not have the absolute and terrible value attributed to it, since its presence in the organism determines in quite a number of instances, immunity. as affirmed by Louis Fortun in his treatise entitled Tuberculosis, page 38 (1927), when he states: "immunity against tuberculosis only exists while the organism houses the koch's bacillus."

From the works of Weichselbaum, Bartel, Hartz, Harbitz, Calmette, etc., it can be inferred that the bacillus exists although powerless to produce the disease. This is demonstrated by the persistent positive re-action to tuberculine, in spite of the fact that the illness does not exist. This re-action, however, becomes negative as soon as the organism is freed from bacilli.

Besides this we may state that Rabinowith and Calmette, when examining lymphatic organs of non-tubercular corpses and with lesions considered as completely inert, have found Koch's bacilli which were perfectly alive and virulent, as was demonstrated by cultures and inoculations made later on. (Louis Fortun, Tuberculosis, page 39, Madrid, 1927).

From all the preceding, the conclusion is drawn that the pathogenous agent of tuberculosis can act as immunizing agent, and at the same time as saprophyte in certain cases, the differing conditions of the subject being therefore alone responsible for the form that the disease may assume.

- III. That the "psora" of Hahnemann being tuberculosis in any of its divers manifestations, it can be defined as an infectious and transmissible disease the multiphasic lesions of which having the same nature underlying all of them, are originated by the presence, in the organism, of koch's bacillus, provided that the subject affected by this pathogenic agent, does not resist its invasion.

It is therefore meet that we homœopathic physicians render homage once more to the discoverer of the similia, to our immortal Master, to the great Samuel Christian Frederic Hahnemann, who with his wisdom and spirit of observation was able to get ahead of his epoch, expounding in his theory of Chronic Diseases; a veritable medical reality when he pointed out the Psora (Tuberculosis), as the greatest scourge of humanity.

TUBERCULINUM : ITS VALUE IN ERADICATING CONSTITUTIONAL DYSCRASIA.

By H. C. ALLEN, M.D.

This remedy deserves better treatment at the hands of a statesful profession. By its wonderful clinical record it has earned a thorough proving with the potency, for I venture the assertion that there is not a proved remedy, the proving of which would yield a more bountiful harvest in the eradication of deep-seated constitutional diseases affecting every tissue and organ—the hydra-headed so-called tubercular affections—than the remedy under consideration. Thus far it has chiefly been prescribed on its clinical record aided by such generalizations as experience has proved common to all nosodes. Hering College students have made a partial proving; who will aid in its completion?

The following partial symptomatology has been my guide in its use:

Adapted to persons of light complexion; blue eyes, blonde in preference to brunette; tall, slim, flat, narrow chest; active and precocious mentally, weak physically; the tubercular diathesis.

When with a family history of tubercular affections the best selected remedy fails to relieve or permanently improve, without reference to name of disease.

Symptoms every changing; ailments affecting one organ, then another—the lungs, brain, kidneys, liver, stomach, nervous system—beginning suddenly, ceasing suddenly.

Takes cold easily without knowing how or where; seems to take cold “everytime he takes a breath of fresh air (Hep.).

Emaciation rapid and pronounced; losing flesh while eating well (Abrot., Calc., Con., Iod., Nat.).

Melancholy, despondent; morose, irritable, fretful, peevish; taciturn, sulky; naturally of a sweet disposition, now on the borderland of insanity.

Everything in the room seemed strange, as though in a strange place.

Headache: chronic, tubercular; pain intense, sharp, cutting, from above r. eye to occiput; as of an iron hoop around head (Anac., Sulph.); when the best selected remedy on'y palliates.

School girl's headache; <by study or even slight mental exertion; when using eyes in close work and glasses fail to>; with a tubercular history.

Acute cerebral or basilar meningitis, with threatened effusion; nocturnal hallucination; wakes from sleep frightened, screaming, when Apis, Hell, or Sulph., though well selected, fail to improve. In tubercular meningitis it has already made some brilliant cures and deserves a more careful study in cases apparently hopeless.

Crops of small boils, intensely painful, successively appear in the nose; Green Fetid Pus (Sec.).

Plica polonica; several had cases permanently cured after Bor. and Psor. failed.

Diarrhoea: early morning, sudden, imperative (Sulph.); emaciating though eating well Iod., Nat.; stool dark, brown, watery, offensive; discharged with great force; great weakness and profuse night sweats.

Menses: too early; too profuse; too long lasting; tardy in starting; with frightful dysmenorrhoea; in parents with a tubercular history.

Tubercular deposit begins in apex of lungs, usually the left (Phos., Sulph., Ther.).

Eczema: tubercular over entire body; itching intense, worse at night when undressing, from bathing; immense quantities of white bran-like scales; oozing behind the ears, in the hair, in folds of skin with rawness and soreness; fiery red skin. Ringworm.

(To be continued)

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6. Diseased teeth, Neuralgia, Mumps.
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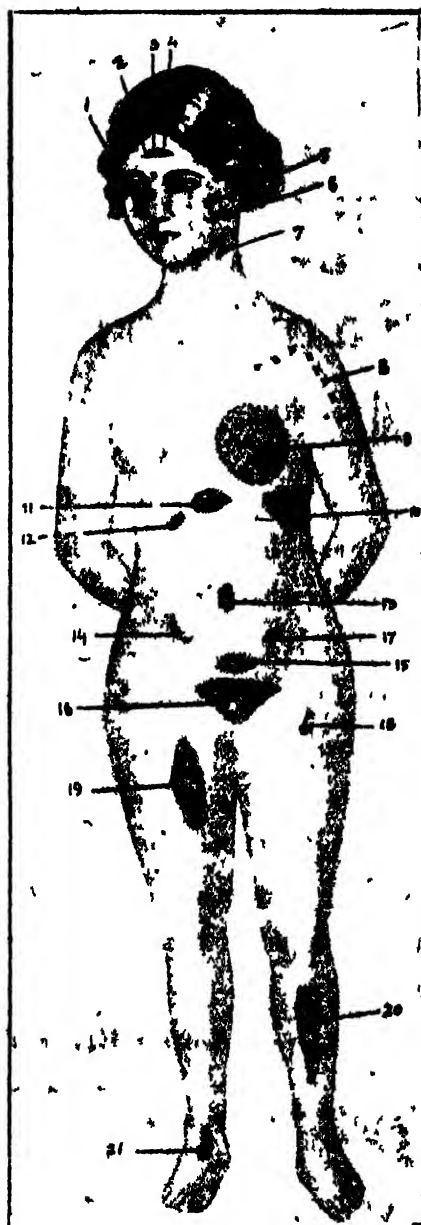
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# CHART I

## Location of Pain.

This is not an  
Anatomical chart,  
and does not show  
the location of the  
organs



The shaded portions in this chart indicate the location of the pain and the numbers refer, in the text, to the source of trouble

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# The Homœopathic Bulletin

Vol. X.

AUGUST, 1937.

No. 3.

## WOMAN\*

LUCY STONE HERTZOG, M.D.

CHARDON, OHIO.

It is a great honor to be called upon to respond to a toast "To the ladies" proposed by our clever, silver-tongued toastmaster Dr. Siemon. It is not an easy matter to reply satisfactorily for a group composed of so many diverse entities: the women doctors—to say nothing of their lady patients, who mean so much to them.

And what distinguishes a lady? Nothing tangible. We are told that "Judy O'Grady and the Colonel's lady are sisters under the skin". But the ladies of the group must rate primarily with us as loyal homœopaths. After that we modestly agree to all the good said of us, even some of the bad. Far be it from us to cause any male man an inferiority complex because of the enormity of our virtues.

Let us go back to the place of beginning and consider some of the legends of our origin. One version states that Adam gave a spare part which developed into a loud speaker. He exchanged a worthless rib for the only thing worth having and working for—woman—the side issue. Some cynic has said that after God made man he rested. Then he made woman, and neither God nor man has rested ever since—Eve ate the family out of house and home.

There is an entirely different version from an old story of the Sanskrit—to the effect that in the beginning when the Twashtri came to the creation of woman he found he had exhausted all the materials in making man, and he had

---

\*The Journal of the American Institute of Homœopathy.

no solid elements left with which to create woman. After deed meditation in the silence he did as follows:

He took the rotundity of the moon, the twinkling of stars; the curves of creepers, the clinging of tendrils; the trembling of grass, the slenderness of the reed; the bloom of flowers, the lightness of leaves; the tapering of the elephant's trunk, the glances of the deer; the joyous gaiety of sunbeams, the weeping of clouds, the fickleness of the wind; the timidity of the hare, the vanity of the peacock; the fidelity of the dog, the hypocrisy of the crane; the softness of the parrot's bosom, the hardness of adamant; the sweetness of honey, the cruelty of the tiger; the warm glow of fire, the coldness of snow; the chattering of the joy and the cooing of the dove; and compounding these together he made woman and gave her to man.

But in two weeks the man came crying: "Oh Mighty Maker of Mysteries! Thou who hast made all the wonders of the world, take again the woman that thou hast given me; she teases me, tantalizes me and tires me and I cannot live with her more." And Twashtri took the woman away.

But in two weeks the man came again and cried out: "Give me back the woman that Thou made; I cannot live without her." "How now," came the answer, "you brought the woman to me saying that you could not live with her. What do you want?"

"Alas, 'tis true," said the man. "I do not know what I want. I cannot live without her, and I could not live without with her." And Twashtri answered: "Take the woman now. I made her for you and you for her, and do the best that you can together." And their relations have been on about that same basis ever since.

The woman of today is a far cry from Adam and the Sanskrit story. There are few geniuses among us, for we are only relatively emerging from the harem. Give us time. It may be a man's world, but we must take off our hats to the heroic women of all ages who full up the family fortunes by any means that is at hand. "Many a man to-day is living by the 'sweet of his frau!'"

## WOMAN

There are eleven million women wage earners in the United States to-day. Women own one-half the Nation's wealth, earned or inherited, and they control 90 per cent of the spending power. There are more than one-fourth million women in the learned professions, and there is no profession including mining and engineering in which they are not represented. In ancient times the honorable professions open to women were maternity, household drudgery and invalidism.

True greatness in women recognizes no national nor geographic limitations. It flowers alike on the farm and in the cities. Often, like Maeterlinck's blue bird, it is found near to the home.

In the family, the male members succumb more easily to "business difficulties, bad golf scores and boils." A woman has to appear cheerful when she is not, and look serene at table when she is a seething volcano. She furnishes sweetness and light in the home. She brings in the neighborhood doings and gossip which friend husband secretly enjoys and laps up, behind an exterior of cold male disapproval which fools no one.

Ingersoll said it takes one hundred men to make an encampment but only one woman to make a home. "Europeans are loud in their praise of the kindness and respect with which the American husband treats his wife, which is like giving credit to the lamb for not getting rough with a lion."

The home represents our greatest business institution and enterprise, and its manager, the woman of the house, does the national shopping. She knows when the metabolism of the budget is disarranged. She counts the feathers on the Indian and does unbelievable things in bargains, with a dollar.

Feminine beauty, once the Creator's business, is now big business. American women spend several billion a year on cosmetics and the like—much of which is wasted. And her diet may leave her little but popcorn, cloves and spinach, but she represents her family in school and church, clubs, lodges and municipal affairs. She tries to prepare her children to cope with the world in which they will live—not our world, but the unknown world twenty years hence.

Men love uniforms, parades. Women question them in a world bitterly in need of food, clothing, shelter, jobs. Women are against war—not because they are the weaker sex, for truly “the female of the species is deadlier than the male.” But women are outlawing war and putting it on the spot ; for it is their children who are sacrificed ; they know it never decided anything—that it is futile, wasteful, expensive, unworthy of our so-called civilization. Man is a fighting animal, and if we ever do away with war, it will be due to the efforts of women.

In our parents' days, people had rather sour ideas regarding women in medicine, and the sourness is not all gone yet ! How could she be a doctor and a lady too ! We have proved ourselves ladies by knocking the stuffing out of that tradition. There are only about 7,000 of us in the United States—there should be more. We average good, bad and indifferent, prominent and obscure, relatively the same as men. There is room for good doctors of both sexes—those with a medical conscience, but little room for any other kind. Most of our women doctors are holding responsible positions and practices to their credit and our pride. Women doctors have their peculiar problems, one of which is: To marry or not to marry.—She will probably live to regret either state.

Doctors are born into families to inherit the father's practice. Doctors are achieved by them at an expense of between \$15,000 and \$23,000. Doctors are thrust upon families by marriage—women DO marry them ! Right in this audience are women married to “a night rider” ; one who is permitted to write Dr. before his name because he has no many debtors ; a clinic-hound, who to prove his services valueless, donates them eagerly to bargain hunters ; one who charges less mileage to taxi, and throws in his medical services free ; one who does not obey the Biblical edict, “Physician, heal thyself,” spelled “heel !”

I assert without fear of contradiction that the woman who marries this man has got to have what it takes. If anyone needs a good home with an understanding, broadminded woman in it, it is a doctor. He is no risk for a narrow, contracted, small-minded jealous-hearted woman with a cat-complex and no sense

## WOMAN

of humor. Medical work requires steady nerves, concentration, freedom from domestic worries. No one can do good work amidst bickerings that rattle the wax dove on the mantel. And the more neurotic woman he has on the string the better for you wives, for that is where your bread and butter and angel food come from.

The country doctor's wife and the wife of the doctor in small cities and towns—even in the big cities in the early days of struggle—is the highest type of civilized womankind. She has been tried as by fire. She is jack-of-all-trades; housekeeper, cook, telephone girl, office receptionist, secretary and chauffeur when he is too tired to drive. She reads his medical magazines to him when he drives. She sees that he gets a hobby and rides it. She fights to get him a vacation and she makes him a bright and cheerful office. She makes a place socially for the entire family.

She can lie like a true sport to the travelling man, the bore or the hypochondriac—"the doctor is on a case," when he is resting in her sight on the couch, or, as the maid said: "On an eternity case" when he is making out bills for the dead-beats or weeding live ones in the garden. Her kitchen is a cross between a cafeteria and a hot dog stand. She staves off a wild woman with a croupy child and a case of sprained knee three weeks old that has suddenly sent a rush order, until he comes. She does the night and day shift with the busy doctor, keeping the cases cool and the food hot, using diplomacy that would be suitable at court of St. James.

She rarely plans a family reunion, a commencement, a symphony, the opera, a picnic or a trip, that some worthy or unworthy case does not send for the doctor and she either has to go alone or stay at home. Her husband and the community may well arise and call her blessed. She reminds us of the minister's wife, who, when a sympathetic parishioner said, "There should be a special spot in heaven prepared and reserved for ministers' wives," answered that she preferred to go, with her husband.

We have toasted the past, the present, the future and the fourth dimension. We have gone round and round with our reply and come out with: "Here's to God's first thought—man, Second thoughts are best—so,—here's to woman!"



# Clinical Record

## Cases from Practice.

BY DR. W. A. DAVIDSON.

### GRAVES' DISEASE.

A woman suffering from the early stages of this disease went to Moorfields because of the Exophthalmos. There she was told that she was suffering from Graves' Disease, and should see a doctor rather than an eye specialist. Dr. Davidson found all the classical symptoms of the disease, and on account of the "throbbing all over" complained of, prescribed Glonoin 30. The result was almost miraculous. The entire complex of symptoms disappeared, and the patient returned to Moorfields to show herself and be (very rightly) congratulated by the physician there on her doctor's skill.

### HÆMATURIA.

This case, C.P.H., developed hæmaturia after influenza. After disappearing for a time, it recurred. The patient was X-rayed at the London Homœopathic Hospital, but no stone was discovered, and was afterwards an in patient under Mr. Dudley Wright, but in spite of some intermissions the attacks returned till, in November, 1915, Dr. Davidson was consulted. Abstinence from all alcohol was enjoined, and Millefolium administered. The hæmorrhage promptly ceased and has not recurred since. The patient to-day reports himself as very well.

### HÆMATURIA.

We will give this case first in Dr. Davidson's own words :

This was a very interesting case of an old lady, Mrs. S. When I was called to see her seemed to be dying. She had hæmaturia. They showed me what she had passed, and I noticed that the blood in the urine formed at the bottom of the vessel "a bloody cake" as Nash calls it. I gave Millefolium. In four or five days the hæmorrhage ceased. But she complained of a heaviness in the rectum ; I gave for this Ruta (one drop of the tincture) and it seemed to pass away very soon.

The patient is still living and well.

The plug-like feeling in the rectum had been there for a long time.

## WOMAN

It remain to be added that the patient had been treated by various physicians, discharged as incurable from the West London Hospital, and the Infirmary, Wormwood Scrubs. No treatment had any effect till *Millefolium* was given, and then the bleeding ceased in four or five days. Strength was slowly regained, but the patient is in her eighty-fifth year and very well now considering her age.

### ABDOMINAL PAIN, PROBABLY DUODENAL IN ORIGIN.

(Dr. Davidson's Report.)

Twenty months ago this patient was informed by her doctor's confirmed by specialist, that she "had a cancer in her stomach;" that unless operated on she would die within a month. This may have been said to make her decide quickly, but she was in pain so acute that life was not worth living. This had been going on for some time; several local doctors had seen her and all apparently confirmed the diagnosis. When I saw her first she was in a paroxysm of pain, and she told me this was a common occurrence. She had constant vomiting. On examination I found a large tender swelling in the abdomen, food relieved her for the time, but an hour or so after eating the simplest food the pain returned. This was clearly a case for *Graphites* 30, which I gave. It acted almost at once, and I kept on with *Graphites*, and she was so much recovered that in August last year she spent a month at Aberystwith. The pain had practically gone. She had occasion to consult Dr. Blackley last July about her hair which all came off. You will see by enclosed his opinion of her trouble.\* She still keeps on with *Graphites*. They keep an off-licence shop and she may be seen any day pulling the handle and drawing beer to customers.

### ABDOMINAL PAINS.

E.R.W., 64 years of age. Suffered from distension of abdomen with marked tenderness  $\leftarrow$  night  $\rightarrow$  heat; great loss of flesh. *Arsenicum* 3 and 6 relieved at once. For months the patient has had no pain and has gained two stones in weight. It should, however, be also noted that meat and alcohol are forbidden. The

\*Dr. Blackley held that there had probably been a duodenal ulcer.

## HOMŒOPATHIC BULLETIN, AUGUST 1937.

patient had been certified by one physician as suffering from malignant disease and requiring operation, which may at least be taken to imply that his condition was serious.

### RENAL CALCULUS (Dr. Davidson's Report).

Mrs. N.—complained great pain over left kidney for two months. Attended West London Hospital. X-rayed; stone clearly visible left kidney; advised to come in for operation. The same night after being at hospital was in great pain, rolling about bed. I was asked to see her. I gave *Lycopodium* 30. Calling next day found her much better, and when they sent, about ten days after, for her to go into hospital she had got on so well that she decided to continue to with homœopathic treatment. She had practically no pain after the first dose of *Lycopodium*, i.e., four years ago last Easter. I cannot induce her to go to be X-rayed again, so cannot say if stone has disappeared, but she has no pain. She has got much stouter and is in the best of health.

Mrs. C.—had a large swelling in her throat. She writes; "I asked my doctor what he thought of it; he said he did not know, he had never seen a case like it. The doctor I went to in Norwich said I had a cancer in the gullet and that nothing could be done." She was sent up to Guy's Hospital, London, but nothing was done. Before she returned home her sister brought her to see me. I gave her *Thuja* 30 each month. I received a letter in May to say "The lump is gone".

### CARIES.

W. R. began to suffer with his arm in 1913, an abscess developed, which discharged and apparently healed, but later, after severe pains another formed and after operation left an intractable sinus. X-rays discovered dead bone: an operation was performed but failed to relieve. Tuberculin was given for five months twice a week (!) without success. Finally Dr. Davidson took the case in hand and *Silicea* cured the sinus in three weeks, and it has remained perfectly well ever since.—*The Homœopathic World*, October, 2 1916.

# Painful Menstruation.

By Dr. BERGMANN, KAMENZ.

(From *Pacific Coast Journal of Homœopathy*, July 1936)

| 1. Before Menstruation                                                                                                               | Menses                                          | Leucorrhœa                  |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------|
| <b>Plumbum—</b>                                                                                                                      |                                                 |                             |
| Vaginismus, spastic obstruction.                                                                                                     | Scanty.                                         | Vagina dry, seldom slimy.   |
| <b>Senecio—</b>                                                                                                                      |                                                 |                             |
| Pain in bladder neck, worse from emptying of bladder & rectum.                                                                       | Scanty.                                         | Weakening leucorrhœa.       |
| <b>Zincum—</b>                                                                                                                       |                                                 |                             |
| Ovarian pain; sexual & nervous excitement, tremors of legs (Kent); she never feels well, except when menstruating; better from rest. | Irregular. Increased flow night.                | Thick, bloody, slimy.       |
| <b>Lachesis—</b>                                                                                                                     |                                                 |                             |
| Better in open air.                                                                                                                  | Scanty, dark, foul odour.                       | Thin, purulent, foul odour. |
| <b>Lac caninum—</b>                                                                                                                  |                                                 |                             |
| Rheuma, shifting from side to another; swelling of mammae, irritable bladder, worse in cold                                          | Membranous.                                     | Stringy, mucous.            |
| <b>Magnesia muriatica—</b>                                                                                                           |                                                 |                             |
| The most important remedy in this group when better from motion                                                                      | Frequent, pitch-like, and dark, profuse nights. | Watery                      |
| <b>Cuprum—</b>                                                                                                                       |                                                 |                             |
| Neurotic cramps in calves; lightning-like pains and contractions; worse from heat and cold air; mammae swollen during menstruation.  | Profuse, irregular.                             | Thick, milky acid.          |

## 2. Before and during

### Menstruation

#### *Pulsatilla*—

|                                       |                |                         |
|---------------------------------------|----------------|-------------------------|
| Better in open air ;<br>mammaræ hard. | Weak, delayed. | Thick, creamy,<br>mild. |
|---------------------------------------|----------------|-------------------------|

#### *Sepia*—

|                        |                 |        |
|------------------------|-----------------|--------|
| Mental symptoms decide | Generally weak. | Sharp. |
|------------------------|-----------------|--------|

#### *Cocculus*—

|                 |         |        |
|-----------------|---------|--------|
| Pain in uterus. | Scanty. | White. |
|-----------------|---------|--------|

#### *Nux vomica*—

|                                                   |                                                       |                                                         |
|---------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|
| Pains radiate all over<br>body, better from heat. | Frequent, some-<br>interrupted, than<br>more profuse. | Not characteristic<br>sometimes absent<br>then present. |
|---------------------------------------------------|-------------------------------------------------------|---------------------------------------------------------|

#### *Gelsemium*—

|           |                                                       |          |
|-----------|-------------------------------------------------------|----------|
| Migraine. | Profuse, but usu-<br>ally without pain<br>in abdomen. | Present. |
|-----------|-------------------------------------------------------|----------|

#### *Cactus grandiflorus*—

|                                                             |                                                              |          |
|-------------------------------------------------------------|--------------------------------------------------------------|----------|
| Pulsating pain, worse<br>walking and lying on<br>left side. | Profuse, frequent<br>and dark ; some-<br>times thin, watery. | Present. |
|-------------------------------------------------------------|--------------------------------------------------------------|----------|

#### *Belladonna*—

|                        |                                                          |          |
|------------------------|----------------------------------------------------------|----------|
| Cramps for three days. | Profuse, bright-<br>red, hot, clotted,<br>often odorous. | Present. |
|------------------------|----------------------------------------------------------|----------|

#### *Caulophyllum*—

|                                                                                                 |                                   |                 |
|-------------------------------------------------------------------------------------------------|-----------------------------------|-----------------|
| Labour-like pains, in-<br>termittent, often with<br>rheuma ; most used<br>remedy of this group. | Profuse, sometimes<br>obstructed. | Profuse, slimy. |
|-------------------------------------------------------------------------------------------------|-----------------------------------|-----------------|

#### *Borax*—

|                                                                       |                                      |                                                                     |
|-----------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------|
| Membranous with vio-<br>lent colic before and<br>during menstruation. | Profuse, protracted<br>and frequent. | Thick and white<br>like paste; worse<br>between mens-<br>truations. |
|-----------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------|

## PAINFUL MENSTRUATION.

### 3. During Menstruation

#### Viburnum—

|               |                                     |              |
|---------------|-------------------------------------|--------------|
| Crampy pains. | Delayed, scanty,<br>only few hours. | Excoriating. |
|---------------|-------------------------------------|--------------|

#### Natrum Muriaticum—

|                                                                                                               |                  |                          |
|---------------------------------------------------------------------------------------------------------------|------------------|--------------------------|
| Pains better from lying<br>on back and from perspiring;<br>worse at noon and from heat. Frontal<br>head-ache. | Delayed, scanty. | Milky, or dry<br>vagina. |
|---------------------------------------------------------------------------------------------------------------|------------------|--------------------------|

#### Lycopodium—

|                                        |                                 |                                |
|----------------------------------------|---------------------------------|--------------------------------|
| Better in open air and<br>from motion. | Delayed, scanty,<br>protracted. | Milky or acrid,<br>and bloody. |
|----------------------------------------|---------------------------------|--------------------------------|

#### Graphites—

|                            |                              |                 |
|----------------------------|------------------------------|-----------------|
| Better from warm covering. | Delayed. scanty<br>and pale. | Profuse, acrid. |
|----------------------------|------------------------------|-----------------|

#### Phosphorus—

|                                               |                                     |                |
|-----------------------------------------------|-------------------------------------|----------------|
| Better from cold drink;<br>pains lancinating. | Frequent, scanty<br>and protracted. | Profuse acrid. |
|-----------------------------------------------|-------------------------------------|----------------|

#### . Apis—

|                                                        |                                                                          |         |
|--------------------------------------------------------|--------------------------------------------------------------------------|---------|
| Pains in right ovary ;<br>sometimes wax-like<br>œdema. | Changing between<br>amenorrhœa and<br>menorrhagia, also<br>metrorrhagia. | Scanty. |
|--------------------------------------------------------|--------------------------------------------------------------------------|---------|

#### Arsenicum—

|                  |                                                                          |                                                      |
|------------------|--------------------------------------------------------------------------|------------------------------------------------------|
| Worse from cold- | Profuse, spouring<br>out excoriating,<br>itching ; also ame-<br>norrhœa. | Acrid, burning<br>sometimes take<br>place of menses' |
|------------------|--------------------------------------------------------------------------|------------------------------------------------------|

#### Cimicifuga—

|                                                                            |                                      |                          |
|----------------------------------------------------------------------------|--------------------------------------|--------------------------|
| Pain increases with in-<br>creasing flow ; better<br>from warmth and rest. | Dark, profuse, al-<br>so amenorrhœa. | Menses' almost<br>white. |
|----------------------------------------------------------------------------|--------------------------------------|--------------------------|

# HOMŌOPATHIC BULLETIN, AUGUST 1937.

## *Osmodium*—

|                                |                                      |                             |
|--------------------------------|--------------------------------------|-----------------------------|
| Frigid ; feels best undressed. | Frequent, protracted; normal amount. | Yellow, acrid, excoriating. |
|--------------------------------|--------------------------------------|-----------------------------|

## *Silicea*—

|                                                                        |          |                      |
|------------------------------------------------------------------------|----------|----------------------|
| Better from warmth and covering ; worse from noise, new and full moon. | Profuse. | Watery, excoriating. |
|------------------------------------------------------------------------|----------|----------------------|

## *Sulphur*—

|                          |                                                    |                     |
|--------------------------|----------------------------------------------------|---------------------|
| Better in warmth of bed. | Thick, dark, burning generally frequent & profuse. | Yellow excoriating. |
|--------------------------|----------------------------------------------------|---------------------|

## *Platina*—

|                                                  |                                      |        |
|--------------------------------------------------|--------------------------------------|--------|
| Better from exercise in open air, worse in rest. | Frequent and profuse, dark, clotted. | White. |
|--------------------------------------------------|--------------------------------------|--------|

## *Coffea*—

|                                                          |                         |                              |
|----------------------------------------------------------|-------------------------|------------------------------|
| Severe cramp with screaming better from rest and warmth. | Dark, clotted, profuse. | Profuse albuminous, itching. |
|----------------------------------------------------------|-------------------------|------------------------------|

## *Clamomilla*—

|                                                                     |                |              |
|---------------------------------------------------------------------|----------------|--------------|
| Severe labour like colic; better from motion and warm applications. | Dark, clotted. | Thin, acrid. |
|---------------------------------------------------------------------|----------------|--------------|

## *Xanthoxylum fraxinum*—

|                                            |               |          |
|--------------------------------------------|---------------|----------|
| Delicate females, pain radiates to thighs. | Very profuse. | Profuse. |
|--------------------------------------------|---------------|----------|

## *Mitchella repens*—

|                       |          |          |
|-----------------------|----------|----------|
| Bladder symptoms like | Profuse. | Present. |
|-----------------------|----------|----------|

## *Senecib.*

## *Calcarea Carbonica*—

|                                      |                                                         |                         |
|--------------------------------------|---------------------------------------------------------|-------------------------|
| Worse in wet and cold and full moon. | Frequent profuse protracted reappears after excitement. | Profuse, acrid, creamy. |
|--------------------------------------|---------------------------------------------------------|-------------------------|

# State Recognition of Homoeopathy

(By Durga Kumar Roy M.A.B.L.,  
9, Utlahing Junction Road, Calcutta).

To

The Editor,

HOMŒOPATHIC BULLETIN.

Dear Sir,

In the interests of Homœopathy and for the information of all interested in Homœopathy, please publish this letter in your esteemed journal and oblige.

Yours very truly,  
*Durga Kumar Roy,*

More than a century ago Dr. Hahnemann promulgated the theory of Homœopathy and its practical application in Europe and more than three decades ago, has Homœopathy established its claim in the medical practice of India. Since then Homœopathy is attracting the attention of the public by giving curative aid to the millions of ailing humanity. This progress of Homœopathy is going on without any Government aid or recognition. What has happened to-day to induce the Homœopaths of Bengal to raise hue & cry for recognition of Homœopathy. Is its growth being hampered without Government recognition? Woe the day when such condition ever arises!

Homœopathy can take care of itself without Government recognition. If the people prefer to be treated by Homœopathy, no official seal is necessary to unhold its merits. It is through people's voice representative Government is guided.

My attention has been drawn to an article "State Recognition of Homœopathy" under the caption current topics published in July issue of "Home & Homœopathy", a monthly Homœopathic periodical. I find that the Editors are anxious for State Recognition of Homœopathy but they have not brought out any argument for the same. Presumably, there is a strong belief running in the minds of many Homœopaths that with the hall-mark of state recognition Homœopaths would not be jeered at and quackery in Homœopathy would vanish like a



morning mist with rise of the sun. I humbly submit, these enthusiasts are labouring under a mistaken idea. I would only invite them to enquire into the plight the Ayurvedic Physicians have been driven to on account of the establishment of Ayurvedic Faculty and also to gather the sincere opinion of Ayurvedic Physicians about

I believe no Homœopaths sincerely within their heart of hearts do want State Recognition, Pharmacists would not, because if by State Recognition Village Homœopaths vanish, Pharmacists will have to close doors. Senior Practitioners would not, because they expect calls from Juniors who are unreasonably dubbed as quacks. Homœopathic Institution Authorities would not, because many of them would have to sink into oblivion if there is strict control by the State Medical Faculty. And the rest of Homœopaths would not, because if by State Recognition professional practice is stopped for lack of registrable qualification, starvation would knock at their doors in these dark days of unemployment and blocked up avenues of other sources of livelihood. Who then would want State Recognition? Pray, tell me.

Quackery in Homœopathy? Who are genuine? Would you call medical practitioners genuine who have no registrable qualification? Again are those M.B.S., L.M.S., L.M.P., (NF) who practice Homœopathy with registrable qualification conversant with Homœopathy, its principle, its therapeutic application on proper case, taking than the rest of Homœopaths who have devoted their whole time and energy for the cause of Homœopathy? So according to strict sense of the term 'quackery' may be an appendage to each and every one."

"Graduates of bonafide Homœopathic Institutions" have been invited by the Editors (Home&Homœopathy) to enlist themselves as members of the Central Board of Homœopathic education. May I know what the Editors mean by 'Bonafide Institutions' How many Homœopathic Institutions admit Students on a fixed principle of minimum educational qualification? Has ever any student failed to pass the final examination of any Institution provided he can pay off his dues? Are Homœopathic Students all brilliant that no Institution can find out any who has failed to carry their mark? This invidious distinction of Bonafide and Bogus is really deplorable.

## STATE RECOGNITION OF HOMŒOPATHY.

I find that the Editors have run the risk of inconsistency in their argument in their enthusiastic call to Homœopaths to join the Central Board. In the first paragraph they are inviting Bonafide Homœopaths, in the third para they are asking all to 'put their shoulders to the wheel and pull together'. Strange indeed !

Homœopathy is being practised long by medical men with registrable qualifications. Still it remains unrecognised ! How can the noble Editors expect now that Government would recognise the system ? What new conditions have arisen ?

Homœopathy is nothing but a distinct therapeutic method of drug application. Official system is daily & gradually drifting to adopt this method—this may be observed from their theories of vaccine, serum, Immunity and recent application of smallest doses. What special claim has Homœopathy established to persuade the Government to establish a Separate Faculty of Homœopathy.

Homœopathy would achieve the regard and esteem of the public if the Institutions carry on in proper lines in accordance with other Government Medical Institutes and if the Homœopaths would engage themselves in proving of medicines and manufacture of genuine Homœopathic remedies to suit the Indian constitutions and establishing of hospitals. The system will never draw the regard of the public if the Homœopaths lead an easy life of prescribing medicines of foreign manufacture and fully depending on foreign imports and foreign proving. "

DURGA KUMAR ROY,  
24 7 37.

### ALL BENGAL HOMŒOPATHIC MEDICAL BOARD.

#### APPRECIATION

Mayor of Calcutta, Mr. Sarat Kumar Roy Choudhury writes :—

"The object of the Board is a laudable and I wish it all success".

Influential members of the Bengal Legislative Assembly have appreciated the object of the Board and Mr. P. Banerjee M.L.A. have promised to move a resolution with a view to pass a Bill for the Recognition of Homœopathy by the Government.

## NOTES & NEWS

**W**E are glad to learn that Dr. Bankim Behary Roy Choudhury, younger brother of Babu Braja Behary Roy Choudhury B.L., practising pleader at Balurghat and Zemindar of Khaspur in Dinajpur District, has sailed for

England via America for prosecuting higher studies in the science of Homoeopathy. We wish the young man very success.

Dr. Roy Choudhury after studying for four years in the best Homoeopathic institution of Calcutta, the Calcutta Homoeopathic Medical College & Hospital got the diploma



Dr. B. B. Roy Choudhury,

with distinction learned the gold medal by securing the 1st place in the Examination. In recognition of his abilities the College authorities appointed him as the senior house surgeon of the Hospital. After that he was appointed as the state physician in Khairagarh, a native state in C. P. But thinking it has a limited scope for his future prospect he returned after some time to Calcutta & began practicing here within a very short time he has acquired a name & has been appointed a lecturer in Anatomy & Materia Medica in his College. He is only 25 years old.

# Homœopathic Remedies in Surgery<sup>\*</sup>

A. H. GRIMMER, M.D.

The drug *Symphytum* is unique. More than twenty-five years ago I had a case that confirmed all the experience that Dr. Clarke gives us in his *Dictionary*; he also cited cases little short of wonderful.

The first time I had experience with this remedy was when a man in his late sixties fell from a step-ladder and fractured his wrist just like powder. I thought we could have nothing better than a stiff wrist, and about the only thing to do was to mold it as best we could, put it in a cast and hope for the best. I gave *Symphytum*. Six weeks later when I took the cast off, we had a nearly perfect wrist with no deformity; and he had motion. As time went on, the motion improved, so that it was almost a perfect wrist.

I give *Symphytum* the credit for forming the callus rapidly and bringing these particles together.

Dr. Clarke speaks of *Symphytum* clinically for abscesses. As we go along we see it is not only a bone remedy, but it covers such conditions as backache, bone lesions, bone injuries, eyes; pains in and injury to the eyeball; fractures—its special sphere of influence, of course, is found in promoting union of fractured bones; gunshot wounds; injuries to the cranium or periosteum, sensitive, painful; sores; abscesses; effects of sprains; effects of sexual excesses; wounds of many kinds; irritable stumps after amputations. Clarke says *Symphytum* may be considered the orthopedic specific of herb medicine. Most of our knowledge of the drug came from

<sup>\*</sup> Presented before I.H.A., Bureau of Surgery, June 27, 1936.

Fox, but the observations and statements made by the earlier users have all been confirmed by many homœopathic prescriptions.

Fragmentary provings by Macfarlan suggest tremendous remedial powers in diseases of the bones, glands, eyes and blood of a deep constitutional nature and one case of a recurring round cell sarcoma of the brain was reported cured by Sir William Thompson of Dublin; Clarke quotes from the report in the *Lancet*, November 26, 1896. This cure was accomplished by topical applications of potencies of the root.

We find among the symptoms of *Symphytum*: Headache in the top of the head or the forehead, changing place. Pain in the eyes after a knock or bruise or contusion. No visible injury, but a sensation on closing the eyes as if the upper lid passed over an elevation in the eyeball. On waking, the eye could not be easily opened; it seemed spasmodically closed. Cannot hear well; feels as if ears were stopped up. Inflamed ears. Pain in bones about eye and sometimes down both sides of the nose. Malignant tumor of the right antrum. Inflammation of the inferior maxillary bone; hard red swelling. Pains across the epigastrium from one side to the other; < opposite the spleen, when walking, when sitting; griping pain < about the umbilicus. Dysentery, inflamed bleeding piles. Dr. Clarke says *Symphytum* is curative in some forms of stricture of the urethra. Testicles become painful and tender, preventing walking; backache from excessive sexual indulgence.

In the female the menses are stopped; headache, weight in the forehead on stooping; almost all the time a good deal of fever every other hour—a rather peculiar phenomenon; cold all day; cramps and diarrhoea. Nose sore inside, wants to pick it; wants to rub her eyes; ears inflamed, feels as if something were in them, stopped up, cannot hear well.

Leucorrhœa, some breast, neck and back ; pain in the back from a fall and from sexual excess. Complains of loss of power in the large joints, joints seem to get fixed, being particularly painful on turning in bed. Shooting pains in the toes of both feet.

A man suffering from a spontaneous luxation of the thigh since childhood fell and received a fracture of the affected thigh. After two months, fragments were quite movable, and as union was despaired of, an apparatus was made which allowed him to sit in a chair during the daytime. *Symphytum*, four globules every six hours, brought about complete union in forty days.

Sprains, sore breasts, inflammations of bones, diseased spinous processes, sores, abscesses, all fields for *Symphytum*. *Symphytum* facilitates union of fractured bones and lessens the peculiar pricking pain, and favors the production of callus ; this is a marked result that you can actually see after administering the remedy by taking X-ray pictures before and after. Even in the aged it is surprising what *Symphytum* will do in the production of callus.

We read in ancient literature that "Red and dried powdered roots are good against fluxes of the belly attended with gripings and bloody stools."

*Symphytum* is also serviceable in deflections of the lung, blood spitting and other disorders of the chest. Applied to foul ulcers, it disposes them to heal. It removes the inflammation and stops the bleeding of piles ; it is of considerable service in ulcerations of the kidney and urinary passages.

Of the pictures that I am presenting, one was of a young man around forty who stepped off a street car and broke the ends of both bones of the leg so that the foot hung loose. The surgeon had great difficulty in putting on any kind of a brace that would hold. In fact, he said there was only one alternative left : he either had to go in there and spike it, or if the doctor (the name being Grimmer) could give him a

remedy that would form more callus, it might prevent the necessity for such measures. An ambulatory splint was put on and *Symphytum* was given. While the surgeon said the setting was not ideal, two weeks later the results were marvellous. The man has perfect function of the foot; he walks without a limp and there is no shortening of any kind.

The other case was that of a lady in the early sixties who fell and fractured the humerus in such a way that particles of the bone lay across so that it was apparently not possible to get any approximation of the ends of the bones. They also wanted to give this patient an open operation, but I objected, because I felt she could not stand it; she would become infected and lose her arm, if not her life. The arm was placed in a plain extension splint and she was given *Symphytum*. It was one of the worst breaks I have ever seen. There is a picture taken just before she left the hospital, after about two months in this extension splint.\*

There can be no doubt of the power of *Symphytum* in these cases. These pictures merely confirm our literature. There is nothing new about any of this work, but it is a good illustration of just what remedies can do. *Symphytum* is well worth our study, and it undoubtedly has other features that will be of value, for it is a deep constitutional remedy.

Dr. Clarke gives a very vivid description of a sarcoma that had been operated and returned. The man came into the office some months after they had given him up and told him there was nothing more to do. Dr. Clarke applied a poultice of *Symphytum*; the man came back cured and remained cured so far as we have any account.

#### DISCUSSION.

DR. CARR: All I can do is confirm the influence of *Symphytum* on the eyeball. I have had several cases of

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\* Dr. Grimmer had the X-ray pictures present to demonstrate the results of *Symphytum* in these cases—ED.

A. H. Grimmer, M.D.

snowball fights and some fist fights where the eyeball was traumatized severely. In one case I remember there was ecchymosis of the eyeball, but after Symphytum was given there was no sign of trauma whatever—that is any ecchymosis of the lids or swelling, and no pain or soreness. It is surprising.

DR. CAMPBELL: I would like to ask what particular indications there are to differentiate Ruta and Symphytum.

DR. BRYANT: I want to commend Dr. Grimmer for this paper, and particularly the way it was presented. We as members of this organization are out to sell our goods, and not only to the public but to the profession, and to me, one of the reasons we haven't been able to sell ourselves better is that we haven't had just such proof as presented here so that we would have something physical to go by.

Our President last year suggested that he thought it would be an excellent idea in preparing our papers and our programs if we made an effort to have laboratory diagnoses and X-ray pictures and laboratory proofs to uphold what we are doing. To me, it seems that we are hiding our light under a bushel, and we have got to come out if we hope to get anywhere, and not only our organization but the American Institute has been on a decline for some time, and it is largely due to the fact that when we make a miraculous cure, which we do far outshining anything the regular school can do, we don't get the credit for it because we haven't the laboratory proof of what we have done. Now that doesn't make any difference to us personally, and I don't think any of us care a continental whether we have the proof or not as far as we are concerned, but before I die I want to see homeopathy get a real standing in the world, and that is one of the things we have to do it.

DR. DIXON: The past winter I have had an interesting experience with Symphytum on one of our war veterans. His injury doesn't date back to the war, but to a bad automobile



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accident about five years ago. The shaft of the humerus of the right arm was fractured, and because he was a war veteran, he was taken care of by the Veterans Rehabilitation surgeons. First he was in a Pittsburgh hospital. The accident occurred in that locality. No union took place in the fracture. Afterwards, when they failed to make a union, the man was taken to one of the army surgeons, and he wired me. Anyone, there was the fifth operation. The last two were taking out a piece of the tibia and making a plug and fastening it together, and always a plaster cast for several months. Five failures. Finally, through a sister he was induced to come to me and of course I gave him *Symphytum*. We got beautiful union, and, strange to say, the man gives me the credit for it and not the surgeon.

DR. MOORE: I was interested in this local application of a potentized remedy in this sarcoma case. I see this same idea in this journal for which I am trying to get some subscriptions. I see reference to using the tincture, and also using the potentized remedies. That is an interesting thing. I don't see why on a raw surface we might not have a remedy enter just as it does on the tongue and, I believe, it does, and many of you, no doubt, at different times have seen results from inhalations. I have not.

I had a very difficult case a while ago of some patient who knew something about homœopathy and who refused to take a nosode which had been recommended on account of the possibility of its bringing out some surface lesion that would be very distasteful and very disturbing to a woman. I happened to have a couple of bottles. In one I put some alcohol; in another I had the remedy. I was smelling these to see if I could tell the difference, and I asked this patient to see if she could tell a difference. I said, 'Try it again.' She took several good sniffs. I don't know whether she got any of that potency, but that was an effort to work that in by another method.

DR. GRIMMER: I want to answer Dr. Campbell's query about the differentiation between Ruta and Symphytum. Ruta affects the periosteum more markedly than the bone as a whole. That is where Ruta's sphere of influence is almost specific. It does have a lot of bone pains and a lot of bone inflammation, but in its application it has been found to be more useful where there is a periosteal inflammation. It is probably an early remedy to think of, probably a remedy after an injury to the shin-bone, for instance, where there is very little covering of the flesh. Ruta will take that soreness out and prevent inflammation and ulceration. Symphytum would be thought of, perhaps, a little later.

With reference to the eye, it seems to have not so much the extravasation and ecchymosis that is found in Arnica, but it affects more the ball of the eye, and is said to be very much preferable to Arnica.

DR. CAMPBELL: That is Ruta?

DR. GRIMMER: Symphytum. Ruta is another one, Ruta is a remedy for the severe headaches following eye strain. A student who had been studying very hard and using the eyes, had a most terrible headache, which had been with her all day. In the middle of the night she called me up and wanted to know what she could take. She had been using her eyes to the extent of strain. I told her to take Ruta. She said she had never had such comfort in so short a time after a single dose of Ruta. So we think of it more in the eye strain. Of course there are other remedies, Silicea, Calcarea phos., and other remedies act along these lines.

DR. CARR: I have come across patients where old bone injuries are influenced by the weather; sometimes they suffer severely for years after the injury with bone pain.

DR. GRIMMER: I would prefer Ruta in those cases. It is like Rhus tox, it is worse in cold, damp weather.

# The Small Dose\*

DR. CHARLES HENRY DUNCAN, (971 Park Avenue,  
New York).

Nature intends all wounds in man and beast to be infected. We must accept this if we believe in modern immunology and bacteriology. The dog laps and cures or tends to cure infected wounds within reach of its tongue, in 100 per cent. of its injuries. This is a matter of common observation and daily demonstration. The facts in this matter are not debatable.

The observation of these two natural phenomena and the extension and deductions therefrom as well as the practical application of the principles involved, lead to the development of what thousands of physicians in all parts of the world believe to be the future system of therapy.

The reason why the dog quickly heals its infected wound is because it transfers a small dose of the unmodified toxic products of germ activity from its wound to its mouth by means of its tongue. The absorption of this small dose stimulates its body tissues to develop a relatively large amount of specific antibodies. It is upon these antibodies that the improved condition of the tissues depend.

Auto-inoculation, or the placing of a small dose of the unmodified toxin mixture into comparatively healthy tissues, causes them to develop chemical substances called specific antibodies that antidote the effect produced by a large dose of that same poisonous substance.

Abundant clinical experience for the past twenty-six years clearly demonstrate that buccal auto-inoculation, exemplified by the dog lapping and curing its infected wounds, acts in humans in the same manner—tending to heal our purulent infections, boils, furuncles, wound infections, abscesses, etc., just as quickly.

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The healing response of the living tissues to the live pathological micro organism and its unmodified toxin, given in the manner advised might be compared with the quick responsive action of nascent hydrogen in the laboratory. This is the first time the live pathological germs or bacteria have ever been employed successfully in the treatment of disease. A watery dilution of the filtered auto-pathological exudate injected with a needle, acts in an equally curative manner. In addition this curative reaction is often manifested in the relief of symptoms within a few seconds after the first injection. The injection of the germ-free filtrate of the autogenous pathological exudate acts quickly in a curative manner in nearly all infectious and contagious diseases.

In describing the manner in which nature employs the forces within the body to heal an infection, Clive Revere states, in the Proceedings of the Royal Society of Medicine: "As soon as an invader lands, there is a call for more blood, blood plasma acts on the microbes and its toxins, destroying them both by chemical processes (oxidation, hydration, dehydration, etc.), and by the action of specific antibodies and leucocytes rush out to ingest the foe. If this proves insufficient further antibodies are formed in response to the toxins carried over the body by the blood stream and the resistance of the plasma is thereby raised. We thus have two natural processes to study and imitate

"First—Irrigation of the infected area with plasma and leucocytes, and this by itself may be enough to cure a mild invasion.

"Second—Auto-inoculation, or washing of the bacterial products into the blood stream to stimulate in the tissues the formation of antibodies, specific to the invading micro-organisms. These are the processes (other than the injection of vaccines) which the physician can direct with success, and it is this 'natural vaccine therapy' that was exploited with success in the time-honoured practice of applying heat (hot

fomentations, poultices, etc) to an inflamed area. By this means not only is irrigation assisted, but such irrigation itself of value, necessarily leading to an increase of that auto-inoculation on which the improved condition of the body depends.

"To these might be added numerous other homely remedies, directed to the same end, such as the sucking of infected wounds, and the dressing of those with hypertonics and irritants, such as salt and pepper. All these remedies reinforce Nature's method of meeting infection by an increased blood supply to the offended part. But it is my object to show that the unconscious augmentation of irrigation and auto-inoculation did not stop with these simple remedies, but that the physician had held in his hands the weapons of the vaccine therapist from time immemorial, and has indeed, used them too, with no inconsiderable success.

"Nature was the earliest 'vaccine therapist. The processes by which infections are naturally overcome in the body from the basis on which the science of vaccine therapy is being built up.

"By all these means not only is irrigation assisted, but such irrigation, itself of value, necessarily leads to an increase of that auto-inoculation on which the improved condition of the body depends."

A. Geheimrat Hofrat Professor von Cohn of the University of Breslau, one of the oldest and best known Universities of Germany, said: "What surprises me most is that someone had not discovered this principle long ago. Had you, Dr. Duncan, been a professor in some modern medical college, your mind would have been so filled and occupied with comparative non-essentials that you could not have carried this work to its logical conclusion. It cures. That's enough."

In her efforts to heal the tissues, Nature auto-inoculates the patient with a small dose of his own unmodified (auto-genous) toxins and in response to these, the tissues develop

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specific antibodies which antidote and cure the effect produced by a large dose of those same toxins.

When the physician inoculates the patient with the unmodified toxic substances that develop in his body during the course of his disease, the tissues react in a curative manner. It makes little difference from what part of the patient's body these toxic substances are obtained. For if they are administered in proper dose and technique the tissues will tend to react to them on a curative manner. The method of choice in their administration varies within wide limits. The primary object of the physician, however, should be to auto-inoculate the patient in comparatively healthy tissues, remote from the seat of disease.

The exhaustive researches conducted by Rosenow on elective affinity or trophism are summed up by the writer in a few words.\*

\* The scope of this paper does not permit detailed discussion of the interesting explanation Rosenow gives respecting the action of my remedy. The writer would suggest that those interested in this phase of the subject, read the following articles by him: "Elective Localization of Streptococci." *Journal of the American Medical Association*, November 13th, 1915. "An Epidemic of Appendicitis and Paratititis Probably Due to Streptococci Contained in Dairy Products." *The Journal of Infectious Diseases*, April 1916.

B. The reaction of Geheimrat Hofrat Professor von Menge, of the University of Heidelberg, to the Duncan Method of Treatment in gynecology is an interesting study. After seeing two patients, whom he had planned to operate, pass from the operating table to the clinic within two days, he tapped pensively on the table with his pencil and said: "And this is what medicine has come to."

Carefully conducted experiments indicate that when pus taken at the time of operation from a right mastoiditis is injected in the veins of animals, each animal will develop right mastoiditis (and not left) in practically 100 per cent. of

animals injected. If the microbes are grown on culture media, this elective affinity or trophism for the right mastoid cells, is altered in proportion to the number of media on which they are grown. After the first growth, we are never certain that they will produce right mastoiditis in the animal. After they have been grown for a week, on one or more culture media, there is less certainty they will infect the right mastoid cells, for then they are just as liable to infect the left mastoid or other tissues of the body as they are the right mastoid cells.

Practically the same thing may be said of micro-organisms taken from an appendicitis ulcer of the stomach, cholecystitis or erythema nodosum. The animals injected with the uncultured micro-organism of these disease develop infections corresponding to the tissues upon which the micro-organisms were originally grown. However, the culture media alters this elective affinity or trophism just as occurs when the pus taken from a right mastoiditis is injected. It is obvious from Rosenow's findings that "micro-organisms should not be grown outside of the patient's body of the best therapeutic effect is to be obtained."

It is interesting to compare these advanced ideas in therapy with the teaching of Pasteur, who states that, "A vaccine is a micro-organism grown on culture media." Pasteur's mind was directed more towards the prevention of disease than toward the cure of the patient.

We credit Wright with being the first to consider the personal equation in bacterial therapeutics. In the early part of the present century he gave the world his so-called "Auto-genous Vaccine" which, strictly speaking, is not autogenous but test tubeogenous, because true to Pasteur's teachings, he grew the micro-organisms on culture media, thereby causing them and their toxins to alter or lose their elective affinity or trophism, thus rendering their therapeutic value uncertain. Therefore there is no therapeutic reason why micro-organisms

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should be so grown. It is the original strain of unchanged and unaltered micro-organisms and their toxins that are most effective, and it is these alone that should be used in bacterial therapy.

Rosenow went further and injected the bacteria-free filtrate of pus taken from the right ear into animals. When these animals were destroyed four or five days later, almost without exception they had developed a congestion of the right mastoid cells, and not the left or any other tissues. This congestion was not an infection, because no germs were injected, yet it shows that the germ-free filtrate of uncultured micro-organisms has elective affinity or trophism for the tissues upon which the micro-organisms were originally grown on the right ear. The culture media alters a micro-organism and its toxins morphologically, biologically and therapeutically, therefore when they are used therapeutically they should not be grown outside of the patient's body.

Nature strives to auto-inoculate the patient with his own unchanged toxin complex, following the initial irrigation, as pointed out above by Clive Revere, and Rosenow has shown why the natural, undenatured toxins are superior to vaccines and should be the ideal remedy for each patient. When a natural spontaneous cure of disease occurs, Revere shows the cure results because the patient is auto-inoculated. As the result of this auto-inoculation antibodies specific to his own unchanged microbes and their toxic mixture are developed in his tissues.

The writer has emphasized the value of auto-inoculation for the past twenty-six years. And now that two such eminent authorities as Revere and Rosenow have proved that auto-inoculating the patient with his own unchanged, pathological toxins is the cardinal principle of therapy (and that it is on this auto-inoculation that the Duncan Method of Treatment rests), scepticism concerning the Duncan Method of Treatment should be removed once and for all, and the



medical profession must accept the Duncan Method of Treatment. "A step forward in the regular development of bacterial therapeutics," as expressed by Laidlaw in 1918.

We are gradually abandoning complex medication and are returning to obvious natural therapy. Nature foreordained that the patient should bring the natural remedy with him in his body to the physician and that it should exactly fit the patient's condition. It is always at hand. The cost is nothing. Nature is the true healer. The wonderful value of her therapeutic preparations cannot be denied.

We have shown the superiority of Nature's remedy (the unmodified toxin complex developed within the patient's body during the course of his disease) over the vaccine. We will now discuss briefly the relation of Nature's remedy to the Homœopathic remedy.

It was stated in Boston at the last (1936) meeting of the Eastern Homœopathic Medical Association that "no one believes that Homœopathy is the last word in therapeutics." I am sure we all agree with this.

However, in reflecting on Homœopathy let us again consider a purulent infection in relation to its action in other diseases. It is the infecting micro-organisms and their toxins, active in the local tissues, that cause the symptoms from which the patient suffers, as pain, heat, swelling, temperature in varying degrees, etc. It is the toxic products of germs active developed in the patient's body during the course of his disease, that cause the symptoms of the patient. But this is the Natural Remedy. So it is apparent that each patient proves his own remedy. This is a perfect natural proving. Then it follows that Disease is the proving of the patient's remedy.

Now we have two remedies. First the Natural Remedy, placed in the patient's body by the Creator, and second, we have a remedy that acts in a similar manner—the Homœopathic Remedy.

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The Indicated Homœopathic Remedy has elective affinity, or as some would call it, selective affinity, for the tissues of a living body for which it is prescribed.

In physiological doses, as in its provings, it causes a rush of blood plasma and leucocytes to the tissues or organs it selects, and thus it produces symptoms (systemic and local). In sub physiological doses the selective affinity is still present. The new formed cells in the affected locality are sensitive to its action. Therefore we have an irrigation of the parts with blood plasma and leucocytes, with its resultant auto-inoculation of fresh nascent unmodified toxic products of germ activity, which may well be the cause that produces the improved condition of the body.

In other words, may not auto-inoculation result from administering the indicated homœopathic remedy, and the improved condition of the body therefrom be the result of this auto-inoculation? The size of the dose or the potency has nothing to do with the selection of the indicated homœopathic remedy. Numbers of our best prescribers give many remedies in the tinctures.

Take a concrete example: Specific urethritis. Aside from the administration of the patient's own unmodified toxins, or the filtrate from the pus that causes the symptoms, *Cannabis sativus* appears to be a remedy frequently indicated in acute gonorrhœa. Now the proving of *Cannabis sativus* causes an intense burning or irritation in the entire male urethra. *Cannabis* has many of the symptoms of gonorrhœa, including the discharge. These symptoms are undoubtedly caused by a rush of blood plasma and leucocytes to the parts, with abundant exudate from the mucous glands. In sub-physiological doses this action on the inflamed mucosa brings increased quantities of blood to the newly formed cells. This results in auto-inoculation of a small dose of nascent toxins into the lymphatic circulation or blood stream.

This conception of the action of the indicated Homœopathic remedy apparently applies to many, and perhaps to all conditions where the remedy is indicated. If this conception of the action of the Homœopathic remedy is logical and it would appear that it is logical, we have developed a new approach, and answered many hitherto unanswerable questions that have arisen since Hahnemann first gave to the world the clinical results obtained by the selection and administering of the indicated Homœopathic remedy.

The Homœopathic remedy is indicated only when its symptomatology approaches closely the symptomatology of that which is produced by Nature's remedy. The antigenic or curative property of the indicated Homœopathic remedy is present when it approximates the antigenic properties of Nature's remedy—the unmodified toxin mixture from which the patient suffers. Two patients suffering with the same disease seldom or never have identically the same symptoms. As the selection of the indicated Homœopathic remedy is governed by the symptoms of the patient, there is no certainty that the similar remedy will be the same for any two patients. But Nature's remedy proven by the patient's living body tissues fits his conditions exactly. Nature proves it is his tissues. Homœopathy selects the remedy that is indicated very accurately because its symptomatology approximately coincides with the symptomatology of Nature's remedy. Then and only then is the remedy indicated or therapeutically effective. If its symptomatology does not approximately coincide with the symptomatology of the natural remedy—it is not the indicated Homœopathic remedy and its administration will prove negative.

# The Kali Family\*

FRANKLIN H. COOKINHAM, M.D., San Francisco

You are indeed very flattering if you think that in a few minutes I can delineate all of the symptoms of this group of remedies, one of the most important groups we have in our *Materia Medica*, in the index of which you will find 25 members of the Kali group mentioned in Bæricke. He gives, however, the symptomologies of 13. In Boger, he gives 15. I have chosen to present this family to you as a group, giving you carefully the symptoms that will be found particularly in its most important members.

| Region of Action—          | General Modalities—        |
|----------------------------|----------------------------|
| Motor Centres of the Heart | Worse mornings—after sleep |
| Mucous Membranes, Kidneys  | Cold—exertion              |
| Blood and Glandular Organs | Better—Warmth rest         |
| General Sensations—        | Anemic diet                |
| Sharp sticking pains       |                            |
| Weak, chilly               |                            |

First the sphere of action of these members centers around motor centers of the heart, the mucous membranes, kidneys, blood and glandular organs. These are the regions particularly involved. General sensations—pain of a particular type. It may be the sharp sticking ache or electric pains, and nearly all of the Kali patients are weak and chilly. General modalities are similar: aggravated in the morning after sleep, by cold and by exertion. Most ameliorated by warmth, rest and anemic diet. I will enlarge somewhat on the regions involved. All have inflammation of eyes, nose, mouth and throat. Nearly all of the Kali group have bad breath particularly in the morning, bloated face and a sickly expression. Mucous or mucopurulent discharges a congested condition of lungs, chest

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\* Delivered before the Post-Graduate Course in Homoeopathy, San Francisco, March, 1937

and here you find them heart and circulatory depressants; constipation with hard difficult stools; weakness of sexual powers and weakness of the lower extremities. We do not have time enough to take these up in full, but I will call your attention to the ones which appeal to me as being the most important in the group.

**KALI ARS.**

Region—Cardio-vascular; Skin.

Modalities—Touch, Noise, Change of Temperature; cold feet 1 a.m. to 3 p.m.

Its region of action is the cardio-vascular system and the skin. The condition is aggravated by noise, touch, cold feet and particularly so in the early morning hours, Kali Ars. patients usually have a skin disease, especially those of the pustular type. Acne aggravated by menstruation. Kali Ars. is a particularly useful drug for eczema. This is a disease which requires a great deal of individual treatment. I find that the Kali Ars. patient has marked itching aggravated while walking, undressing and from heat. The same is true of psoriasis and lichen. One finds in cases of children where bends of elbows and knees are bad, that Kali Ars. is useful.

**KALI BICHROMIUM.**

Region, M. M.—Nose, Air Passages, Pharynx, Stomach, Duodenum. Joints, Skin Circulation, Kidneys.

Root of nose, tongue, penis

Modalities—

Worse—Cold, damp open air; spring; undressing; mornings 2-3 a.m. after sleep; hot weather; alcohol.

Better—Heat; Motion.

Its region is mucous membranes of the entire air passage, nose gastro-intestinal tract, the joints and the skin; circulatory disturbances, kidneys; root of tongue, nose and penis. Its modalities are a little bit broader than those of the previous remedy. Cold, damp open air aggravates. It is a

## The Kali Family

periodical remedy. One finds aggravation during the spring. There is more aggravation in the morning between 2 & 3 a.m. —after sleep, and again in hot weather, by the use of alcohol. Ameliorated by heat and motion

Certain characteristics of Kali Bich. One is the character of its secretions. The touch adhesive character which is found in the infections of the air passages (Hydr. Iris V. Lyssin). Kali Bich. has formation of false membranes. I remember a case of a young woman about 26, temperature 102, extreme weakness of lower limbs, false membrane in throat, tonsils previously removed; membrane extended down both sides of naso-pharynx, marked fetid breath. I gave Kali Bich., in 24 hours the temperature was normal, most of the membrane had disappeared.

There is a jelly-like mucous in Kali Bich., characteristic of this remedy round and punched ulcers. Ulcers of the stomach suggest this remedy. In pains of the wandering type (Benz. Acid. Led. Puls.) where the pains jump from part to part, especially in rheumatic conditions involving the various joints. Pains cover small spot, can place finger on that particular point of soreness. However, there are other remedies suggested here such as Ign. Thuya. Definite soreness, area of inflammation suggests Pulsatilla.

Alternation of symptoms (Pod. Cim Benz. Acid. Psor. Plat.) There is hair-like sensation in fauces and left nostril and on tongue (Natr Mur.).

Indigestion from too much drinking, particularly true. I think with some Italians Kali Bich. is used in syphilitic ulceration, other skin conditions, mucous membranes, more especially of the nose and throat. Complains in early summer and in autumn.

Kali Bich. deserves more specific mention, especially in its effects on mucous membranes of the stomach. Stitches in liver, extending through to the back. One of the few remedies that we have for stitches extending from navel area to the

back. Worse from eating certain things like acids and drinking beer, but generally better from eating. Fat, lymphatic and lethargic type of individual. Complaints aggravated in summer and autumn.

KALI BROMATUM.

Region—Mind; Nerves, Brain, Spine, Genital; Larynx, Skin.

Modalities—Mental exertion; emotions; periodically; sexual excesses; when busy.

A very useful remedy, one that is especially mental in action. Region of action, mind, nervous system, spine and larynx. Aggravation from mental exertion periodically and sexual excesses. Amelioration, when busy. I have in mind the case of a youngster, 13 years old who was unusually fatigued toward the end of the week, so much so that it was necessary for him to go to bed. He was kept in bed over Saturday and Sunday and permitted to return to work on Monday; but the school activities seemed too much for him. I prescribed Kali Brom. after noting that he was worse by his application to school work, and after taking this remedy for four weeks, the child was able to handle the school work quite satisfactory. Kali Brom. has anæsthesia of various parts, particularly of the tongue where an examination may be made with the aid of the anæsthesia of the base of the tongue and mucous membrane of the throat, with complete loss of sensation. (One of the books gave the symptom of induration of the womb. I am not familiar with its use in this condition, but have found it excellent in the treatment of pelvic conditions.

This remedy is particularly good for epilepsy from sexual irritation. I am not familiar with it on coughs of various kinds, but I have found it useful for the spasmodic type. Acne of the skin. Here we come close to the Homœopathic simillimum in the use of this drug in acne. Blind intensely painful varicels.

## The Kali Family.

In the sexual sphere, spermatorrhœa, with spinal cord irritation. It is the best remedy in nightly emissions. Long, lasting scrofulous ulcerations which are seldom seen to-day. "Fidgety" hands, constantly moving.

### KALI CARBONICUM.

#### Region—

Muscles: Heart, uterus

Ligaments: Lumbar

Serous M., M M.: Chest, right; Lower join's.

Eyes: Blood

Left side

#### Modalities—

Worse—Cold: Air, water, drafts, changes after over-heating and exertion.

Time—2 3 p.m., winter, before menses.

Lying—on painful side; left side.

Loss of fluids, after labor.

Better—Warmth, sitting, bending forward, knees on elbows.

Kali Carbonicum has a wider range of action than any of the other salts. Muscles of the heart and uterus. Ligaments in the lumbar region; mucous membranes especially of the chest and eyes and blood. This salt is left sided. Its modalities are a little greater than that of other remedies in this group; aggravated by cold air, cold water, drafts, susceptible to changes, especially after over heating or exertion. Time of aggravation is practically same as Kali Bich. 2 to 3 in the morning in Winter, whereas Kali Bich. is in Spring. Lying on the painful side, opposite to Kali Bich.; aggravated lying on painful side or on left side; also loss of fluids. Ameliorations are warmth, sitting forward with elbows on the knees, a particular method of amelioration in Kali Carb. Time of aggravation not limited from 2 to 3 but from 1 to 5 a.m. Kali Carb. is indicated where one gets earlier or later aggravation in cough or dyspnoea, but particularly so in cases of



sleeplessness and mental symptoms. Great sensitiveness to cold air and with cold weather, constantly taking cold. One of the remedies extremely sensitive to touch and also to noise. Noise aggravation might suggest various other remedies (Nux. Vom. Strych). Nervinmuscular system, pains sharp, stitching or aching rheumatic in character. Sudden pains during rest, worse from lying on affected side (opposite Bry.) Under Kali Carb. aversion to being alone. (Quite a number of remedies in the Kali group have the symptoms, irritability, quarrelsome and lack of will power. Hahnemann speaks of the weakness in the lower extremities, particularly marked in the Kali group. Farrington speaks of the extreme weakness in the lower extremities of the Kali group. Weakness when walking when eating, after menses. Backache, severe after illnesses; walking, before menses; support, suggestive trio, backache, sweat from pain and weakness, Lumbago, sciatica, menorrhagia.

Cough and asthma with characteristic aggravations. These aggravations are very characteristic of this group. Ars. does not have many of the characteristic modalities which are to be found in this group. Expectoration is tough, goes back to the original type of tough, stringy expectoration, forcibly ejected, which suggests whooping cough

#### KALI CHLORICUM.

Region—Blood, Nerve Sheaths, Mouth, Rectum, Kidneys.  
Modalities—Worse: Cold; Mercury.

Kali Chloricum is one of the lesser members of this family but is extremely useful. Its sphere of action is the blood and the nerves, the mucous membrane of the mouth, rectum and also involves the kidneys. Its modalities are intense cold and the use of mercury. Perhaps due to my limited experience I have used it mainly in diseases of the mucous membranes of the mouth, stomatitis, heat and dryness of the mouth. Peeling of the lips, burning pains in the buccal cavity and also the tongue. Gums inflamed and very sensitive, much bleeding. Salivation is to be found in Kali Chlor. Here again there is

## The Kali Family

the characteristic marked fetid breath. Follicular ulcers inside the lips, dorsum of tongue, suggests this remedy. Salivary glands enlarged and tender. General cachectic of the whole system.

Kali Cyanatum. Entirely different field. We get the periodical field, perhaps more than in any of the other remedies. Sick headaches, periodic sick headaches, neuralgia and sciatica. These neuralgias occur the same time without aggravation, which is characteristic of remedies in this group, usually located in orbital or supra orbital regions. Allied remedies are Cedron, Stam Plat, Diphtheritic sore throat with much, fetor and glandular swelling.

### KALI HYDRIODIUM.

#### Region—

Glands; Frontal Sinus; Nose, Eyes; Lungs, upper, lower; Periosteum.

#### Modalities—

Worse: Heat, pressure, touch; night; damp changing weather; cold food; mercury.

Better: Motion, cool air.

Antidoted by Hepar Sulph. Antidotes mercury. Compare Ars Bell Con Hepar. Iod. Lach. Merc. Mex. Pula. Sil. Sulph.

Kali Hydriodienm. Its sphere of action is the glands, sinuses nose and eyes, lung involvement particularly either upper and lower lobes and peristeal inflammation. Modalities of the remedy: the aggravations are heat, pressure same as the other Kalis. Aggravation at night. Its time of aggravation is of longer duration than the other remedies. From damp, changing weather and cold foods. Amelioration from motion and cool air. Kali Iod. has an extensive sphere of use, in the scrofulous, secondary tertiary stages of syphilis, also chronic rheumatism. Edema of the eyelids, chronic inflammation of the throat, ulceration of mucous membrane, heat in the entire mouth, burning sensation characterizes most of the

mucous membranes. Great deal of salivation accompanies the ulcerated condition of the mucous membrane of the throat. Marked fetid breath. Most of these remedies have this quite marked fetid breath and in acute conditions I hesitate to prescribe one of the Kali group without this fetid breath. Vomiting diarrhœa, heartburn and emaciation are characteristic of Kali Hydriodicum. Painful sneezing, lacrymation, conjunctiva, acrid watery discharges from the nose and eyes, with aching in the frontal sinus region. Chronic catarrh of the frontal sinus. Kali Hydriodicum is indeed a very useful remedy. Dry, hacking cough, green expectoration, called soap suds. Soap suds expectoration is a point of definite differentiation between several other remedies (Ant. Ars and Kali Nit.) One of the best antidotes for bad effects of mercury. Severe nightly bone pains with swelling.

#### KALI MURIATICUM

Its region of action is the epithelium of the throat, eustachian tube and middle ear. We are getting into a little different region here, although still dealing with the mucous membrane. Its region of action includes the mucous glands, muscles and joints. Usually find Kali Mur. likened to Kali Carb. left sided. Ameliorations are somewhat similar to the Bichromicum and Hydriodicum. Aggravated in open air, cold and drafts, lying in bed and nightly aggravations. Most of these remedies we have shown here are aggravated by dampness. Aggravation from fats and rich foods, aggravation during menses. Kali Carb. before menses. Amelioration from cold drink and rubbing, letting down the hair. Kali Mur. has an action on the eye, ulceration of the cornea. It is a valuable remedy to remove scarring of the cornea. I am reminded of a youngster two years ago who had a gonorrheal infection of the eye. The child was taken to the Children's Hospital at once. Cornea of infected eye was ulcerated and this was followed by a scar which extended down toward the pupil with some interference with vision. Kali Mur. was given over a period of six months and practically removed the scar. Very

## The Kali Family

careful examination would be necessary to detect it. Here again one finds the tough exudate, swollen glands, soreness and general aching head, sweats, symptoms which suggest in some degree members of the Calcarea group. An excellent remedy for catarrhal deafness (Mero Dulc.) induration of tonsils, hawks up thick white mucous tongue coated white base, marked fullness after eating with aggravation following use of fats, such as is characteristic of Pulsatilla. In the chest we get difficult breathing, which goes with practically all of the Kali group, bronchitis and asthma, thick expectorations which lies from the mouth during coughing. (Badiaga, Chel. Mez.). Rawness in the chest. Painful breasts at menses (Sil. Bry., Puls.)

### KALI NITRICUM.

#### Region—

Blood vessels; heart; kidneys; Vaso Motor; Respiratory organs

Worse—Walking, cold, damp, taking cold.

Better—Lying with head low; gentle motion.

Kali Nitricum is not used as much in the homœopathic field as it is in the general practice of medicine. However, the indications that are more or less specific and that are to be found in the homœopathic materia medica, are worthy of your careful consideration.

In the female sexual sphere, I find profuse inky menstruation rather characteristic of this drug, as well as Canth. and Camph. The general sphere of action of this drug is in the chest particularly in asthmatic conditions, where there is violent dyspnea, with extreme constriction of the chest. Like all Kali salts, it has morning aggravation, the dyspnea is accompanied by stitches and burning in the chest, profuse, sour mucous expectoration, with some relief.

I desire here to call your attention to three other drugs thought of in connection with asthma, accompanied by violent dyspnea. Ant. Ara., which is of particular value in emphysema with excessive dyspnea and cough, which is mainly with mucous secretion. Here you have a marked general weakness.

Kali Iod. previously referred to. When one has very profuse expectoration green in color, which has been characterized by Hering as soap suds expectoration, this has a very fetid odor.

Kali Sulph., which will be considered later in this talk.

Let us now consider a new number of this family, *Kali Permanganicum*.

This particular remedy is not used as-much-as formerly. It is characterized largely by extreme irritation of the mucous membrane of the nose, throat and larynx, ulcerative tonsils with enlarged glands. In the days before the wide use of antitoxin in the treatment of diphtheria, in severe cases of ulceration and gangrenous odor, this remedy was particularly suited to this. These were accompanied by extreme diphtheritic toxæmia as-well-as a nasal type of involvement and a marked fetor.

Here should be considered also Merc. Cyan. and Kali Bi.

#### KALI PHOSPHORICUM.

Region—

Nerves : Brain, Cord ; Excretions ; One side.

Worse—Slight excitement, worry, fatigue, mental, pain, cold.

Better—Sleep, eating, gentle motion.

This is one of the great nervines in Homœopathic Materia Medica. Cases of exhaustion following illness or resulting from long continued mental strain, will yield readily to administration of Kali Phos. Cases of the neurasthenic type with mental and physical depression are particularly suited to this medicament.

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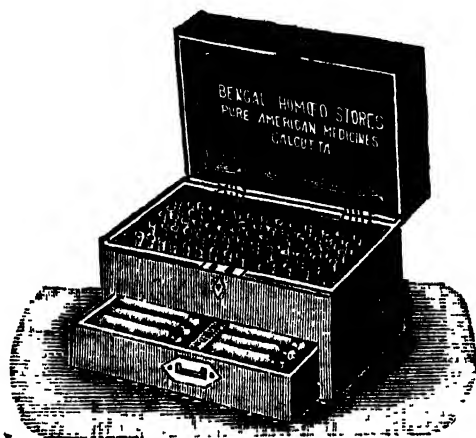
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**LOCATION OF THE PAIN.**

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- 2, 3, & 4. May be due to constipation- Dyspepsia, or Nasal disease  
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5. Diseased teeth, Neuralgia.
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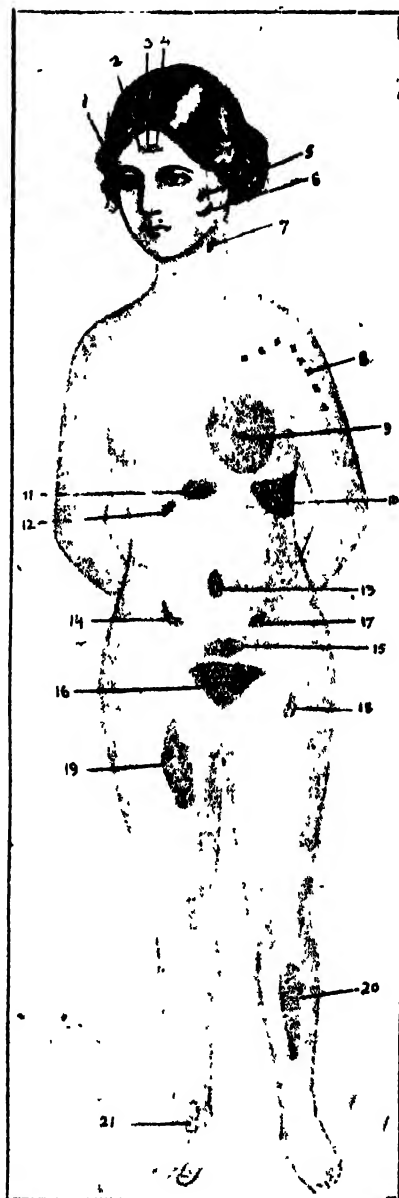
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# CHART 1

## Location of Pain.

This is not an  
Anatomical chart,  
and does not show  
the location of the  
organs



The shaded portions in this chart indicate the location of the p  
and the numbers refer, in the text, to the source of trouble.

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# The Homœopathic Bulletin

Vol. X.

SEPTEMBER, 1937.

No. 4.

## Homœopathic Faculty Bill, 1937.

### A Bill to Provide for a Faculty of Homœopathic Education in Bengal.

*To be moved by the Second week of September.*

Whereas it is expedient to elevate the status and medical education of Homœopathy which has spread throughout the province and become popular with the masses, it is hereby enacted as follows :—

(1) This Act may be called the Homœopathic Faculty Act, 1937.

(2) It extends to the whole of Bengal.

(3) It shall come into force on such date as the Local Government may by notification in the Calcutta Gazette, direct.

(3)A—(a) The Local Government will establish a Faculty of Homœopathic Education in Bengal.

(b) It shall consist of the following members, namely :—

1. The Surgeon-General of Bengal, Ex-officio.

2. Two members are to be elected by the Bengal Legislative Assembly.

3. One member is to be elected by the Bengal Legislative Council.

4. Four members are to be appointed by the Government.

5. Eight members are to be appointed by the Government from amongst the Homœopathic practitioners of which two are to be from outside Calcutta.

(c) The Faculty thus constituted of 16 members will continue for 3 years.

(d) The Faculty will have a President who will be nominated by the Local Government.

(e) After the first 3 years, the eight members mentioned in Clause (3)A—(b) 5 will be elected by the registered Homœopathic practitioners.

- (f) The Faculty will be elected every 3 years.
- (3)B—For the first 3 years the Faculty will be constituted of sixteen members all appointed by the Government.
- (3)C—The Faculty thus formed will
- (a) Fix the curriculum of studies in Homœopathic Medical Institutions and minimum qualifications for admission of Students, control and conduct the final examination of all the students that will be sent up by the Homœopathic Medical Institutions recognised by and affiliated to the Faculty and finally will grant an unanimously accepted Medical Degree to successful candidates,
  - (b) Fix rules for the qualifications of Homœopathic practitioners to have their name registered and entered in the Register of Registered Homœopathic Practitioners, and
  - (c) Frame new rules and regulations from time to time for the proper working and administration of the Faculty.
4. The Faculty may, from time to time, make any other rules to carry out the purposes of this Bill.
5. The Local Government may, by notification in the Calcutta Gazette, make rules to carry out the purposes of the Act.

### **STATEMENT OF OBJECTS AND REASONS.**

6. The Homœopathic system of Medical treatment has become very popular in our country—partly because of its efficacy and partly because of its extraordinary cheapness and hence it appeals to the masses of our population. But at present there is no control over Homœopathic Schools and Colleges, no recognitions, of such institutions, and no uniform system of examinations by which the standard of training may be regularised and systematised. To remove these defects and to effect an improvement in the status of Homœopathic Medical Practitioners, it is necessary to introduce some system of State control and State recognition. This is the object which the present Bill is intended to provide for.

**P. BANERJI**

*Member-in-Charge.*

## HOMŒOPATHY IN U.P. ASSEMBLY.

Dr. Bishwanath Mukerjee, M.L.A., Gorakhpur, U.P., has given notice of the following resolution to the Secretary, Legislative Assembly, U.P. :—

This meeting of the U. P. Legislative Assembly is of the opinion that the time has come when Homœopathy should be declared as a state-recognised system of medical treatment and that the Government should introduce it in (1) State Dispensaries and Hospitals (2) should direct the authorities of the local bodies like the Municipal and District Boards to do the same.

This meeting of U. P. Legislative Assembly further recommends :—

(1) That proper legislation be enacted to protect the practice of Homœopathy from irresponsible handling and abuse.

(2) That the above enactments should absolve those whose practice is just now more than 10 years and at the same time they should prohibit the practitioners from resorting to other occupations

(3) That no man who is not a diploma-holder of a state recognised Homœopathic Institution shall be legally held eligible to practice.

(4) That some recognised Homœopathic Medical College should be opened in the line of the King George Medical College of Lucknow wherein students should receive their education after passing their I.Sc. examination creditably with Biology as their special subjects.

(5) That till such time as the establishment of a Homœopathic Medical College on the above type is possible the present Institutions working at Lucknow and other centres be helped in every respect by the Government with a view to bringing them to a recognised standard of educational institution imparting sound knowledge and training in the art and science of Homœopathy.

(6) That the recognition of Homœopathy by the Government is an indispensable feature of their works and activities inasmuch as it will to a large extent solve unemployment of the educated youths of the country and will prove to be an efficient economic solution for the millions of poverty-stricken people of this country who die unaided like ants and flies during the fury of the all-devouring epidemics that visit our province almost every year.

(7) That even those who have received diplomas and degrees of other system of medical treatment shall receive a proper training in Homœopathic Materia Medica, Therapeutics and Physiology before they declare themselves as a duly qualified Homœopathic doctor.

# RECOGNITION OF HOMŒOPATHY

J. N. Majumdar M. D.

With the growth and advancement of this system of treatment it has become necessary that it should be recognised by Government and regular standard of education fixed for all practitioners who profess to be homœopathic physicians.

The Homœopathic Bulletin has written a very interesting article on this subject. It has divided the Homœopathic Practitioners under two heads *viz* Registered Medical Practitioners who profess and practise Homœopathy and those who practise Homœopathy but are not registered medical practitioners. Of course those who are registered practitioners would not naturally care much about the recognition of those who are not medically registered. Under the other head would come the recognition of a handful of men who have returned from America after qualifying themselves properly from well equipped medical colleges there. The editor of the Homœopathic Bulletin has been misinformed and has stated that the Hahnemann Medical College of Philadelphia and the New York Homœopathic Medical College are the only two Government recognised colleges and there are only three graduates of these colleges who are recognised by the U. S. Government. Allow me to inform him and the general public that in the United States of America there are no such things as government recognised colleges. The position of all graduates of all well equipped colleges is the same. There is no superiority complex in that country. But every state has its own laws and every medical practitioner has to pass the State Board of Health examination in each state, before he is allowed to practise. So that the recognition of colleges by Government does not arise at all. It is only those physicians who hold State Board of Health Diplomas that are recognised in different states, so that it does not matter, whether a man has passed from Philadelphia, New York, Chicago or San Francisco. The editor of the Homœopathic Bulletin has mentioned that innumerable people have purchased and imported Degrees and Diplomas from America. We do not know if this is possible. Our impression

## LIGHT ! MORE LIGHT !!

is that these man are impostors, who have different kinds of diplomas printed here and pass them as American. Of course, I do not know if there is anybody in this country at the present moment who really possess an M. D. Degree Honouris Causi, of America.

The only thing we have to consider is the recognition of those students who have passed out of Homœopathic Medical Institutions of this country that give proper Homœopathic and medical training and give them also hospital experience from well equipped Homœopathic hospitals. Of course there is large number of lay practitioners who enjoy considerable practice and their status also must be considered. After all, with the advancement of Homœopathic practice in this country, state recognition has become imperative, and we must approach the Government and do something in this direction.

*(Indian Homœopathic Review).*

## Recognition of Government

### LIGHT ! MORE LIGHT !!

We are glad that our article on "Homœopathy-Recognition of Government" in February number has drawn the attention of Dr. J. N. Majumdar, so much so that he has deemed it fit to devote the editorial column of his "Indian Homœopathic Review" March number, to the subject matter under discussion. We thank him for throwing some new light on the position of Homœopathy as exists to-day in America. We frankly confess that we have no personal knowledge in the matter, and we wrote our article more or less on the basis of informations gathered from some well known medical practitioners who received their education in America. Since the publication of Dr. Majumdar's article we have written several letters in America and we hope to be in a position to enlighten our numerous subscribers regarding the actual state of affairs in the near future. In the meantime, we would draw the attention of our readers to an article written by Dr. A. N. Mukherjee, M.D.(U.S.A.) under the title "An open letter to Dr. Roy Upham" in the August issue of "Home & Homœopathy" While Dr. Majumdar



denies the existence of any colleges in America as *Recognised*, Dr. Mukherjee freely admits the existence of such '*Recognised*' colleges. The implications gathered from Dr. Mukherjee's article leave no room for doubt that there are colleges in America, "recognised" and "unrecognised". Those portions of Dr. Majumdar's and Dr. Mukherjee's articles containing their respective views on the subject are printed on the next page, and our readers will naturally wonder at the contradictory versions emanating from two different authorities in the Indian Homœopathic World. As regards our views that there are a number of persons holding degrees and diplomas purchased and imported from America, Dr. Majumdar says he is not sure if this is possible. His impression is that such persons, if there are any, have had their diplomas printed in India, and pass them as American. While we believe his views may be correct in some cases, we cannot totally discount the views that there are also cases of imported and purchased diplomas. In any case, "these persons are imposters" to quote Dr. Majumdar. If there are really any such Homœopathic Medical practitioners who can be dubbed as imposters, it is up to the authorities concerned to take severe action against them after proper warning. As regards Honorary degrees, Dr. Majumdar has pleaded his ignorance about anybody holding an M.D. Degree *Honouris Causa*, of America. But the opinion of such a degreeholder which is published elsewhere, will speak for itself. Now that the proposal for establishing a Homœopathic Faculty is being seriously considered by Government, it is up to the Hon'ble members of the Assembly to take stock of these undesirable state of affairs before giving their final consent to the matter. In this connection, the opinion of the Editor "Indian Medical Record" is worth recapitulation. He says in his criticism of Dr. Roy Upham's views on medical practitioners in India **"Any illiterate man can by a Homœopathic Diploma in U S A. for a few dollars"**. In view of the suspicion aroused in the public mind by recent controversies over Dr. Roy Upham's views regarding the authenticity of the American degrees held by Homœopathic practitioners in India, it

would serve the interest of Homœopathy in India if there is a move on the part of the genuine American degree holders from recognised institutions to acquaint the public with a list of names holding such genuine degrees. Dr. A. N. Mukherjee in his open letter to Dr. Roy Upham has given a list of names holding American degrees from recognised colleges. But in order to silence Dr. Roy Upham once for all, he ought to have given the names of the recognised colleges from which these gentlemen have passed out. Undoubtedly, these gentlemen must have studied in some well known recognised colleges, and mere mentioning the names of the colleges would have opened the eyes of Dr. Roy Upham and made him realise the standard of Homœopathy existing in India. As he does not seem to know any well trained men in India save and except "Majumdars father and son in Calcutta", it would have been wise if Dr. A. N. Mukherjee had given the details of the qualifications of the gentlemen concerned. Dr. Mukherjee in his open letter says "I have a personal knowledge of the condition of Homœopathy prevailing in your country a knowledge you yourself are sadly lacking in so far as my country is concerned, and I can declare from the housetop that there are quacks in America no less notorious than those in India". In view of these strong remarks, the publication of the more detailed qualifications of the gentlemen in question would fit in with the situation and nullify to some extent the poor impressions created all the world over about the Homœopathic practitioners in India by Dr. Roy Upham's unwarranted remarks.

While we are on the subject of Dr. Mukherjee's open letter, we are constrained to quote a passage which seems to be quite off the mark. The passage runs "Besides, it will not be out of place to mention here one well-known fact that my country is the biggest customer of Messrs. Boericke & Tafel, who have undoubtedly been flourishing on the steady progress of Homœopathy in India". India undoubtedly buys from B. & T. medicines valued considerable sums of money, but we are at a loss to understand what it has got to do with the opinion of Dr. Roy Upham.

D. N. C.

## LIGHT ! MORE LIGHT ! !

Dr. J. N. Majumdar, M. D. (U. S. A.) Says.

"Allow me to inform him and the general public that in the United State of America THERE ARE NO SUCH THINGS AS GOVERNMENT RECOGNISED COLLEGES ..  
..... There is no superiority complex in that country."

But every State has its own laws and every medical Practitioner has to pass the State Board of Health Examination in each state before he is allowed to practice So that the recognition of College by Government does not arise at all.

### **Revelation of M. D. (hon'y) Degree.**

Of course I do not know if there is any body in this country at the present moment who really possess a M. D. Degree Honouris Causi, of America

Dr. A. N. Mukherjee, M.D. (U.S.A.) Says.

"I give you here below a list of name who are (1) PRACTICING HOMOEOPATHY WITH AMERICAN DEGREES FROM RECOGNISED COLLEGES ... .. And I can declare from the housetop that THERE ARE QUACKS IN AMERICA NO LESS NOTORIOUS than those in India."

S. K Mukherjee M. B. (Cal) Editor --Indian Medical Record Says

"Any illiterate man can buy a Homoeopathic Diploma in U. S. A. for a few dollars"

Dr. S. C Ghose, M. D. (U. S. A.) Hon'y. (?) Says.

There are at present many Homoeopaths in India who says that they have got the honorary M. D degree from America..... The Dean of Jiahnemann Medical College, Dr. A-Pearson has written to me a letter which I am quoting below ... .. "I also assure you that no degree in medicine has been conferred CAUSE HONORES or otherwise by us than on a student or person duly graduated after completion of the course required by the law as a condition for obtaining license to practise Medicine in America."

It will be therefore be apparent to you that M. D. degrees used by those Homoeopaths are BOGUS in character as no homoeopathic or Allopathic Medical College in America grant any HONORARY degree "..... liberty, April 11, 1931. (Of course, the few lines published above are meant for the other M. D degree holders but regarding Dr. Ghose's own honorary degree look to the following amusing lines) ... "The medical degree of M. D. I possess is a purely honorary one and nobody can question its validity. But still to show a better example to my misguided Colleagues, I disclaim it and give it up altogether."—May 17th, 1931, All Bengal Homoeopathic Conference address.

(We see still now he is using the same "Bogus" degree after his nam conscientiously. A peculiar sort of disclaiming is this ! —Editor.

# Is Homœopathy a Science

FRANKLIN H. COOKINHAM, M.D.\*

The question has been asked, "Is Homœopathy a Science?"

Those of us who practice it readily answer in the affirmative. What, then, is the basis of our belief? Does Homœopathy fulfil all the qualifications in order that it may be included in the term, Science?

Homœopathy may be defined thus: Homœopathy is the department of science in general medicine which has for its principal objects the observation and study of the action of remedial agents in health and disease and the treatment and cure of disease by medication, according to a fixed law or general principle.

Science, in its broadest sense, is synonymous with learning and knowledge. Accordingly, it can be used in connection with any qualifying adjective which shows what branch of learning is meant, *e.g.* medical science. Homœopathy can be included in that definition, since it is based upon the fundamental sciences of biology, chemistry and others. Therefore, since the foundations are scientific, the conclusions must be.

Since we are concerned solely with the law or rule of drug action, which is the science of Homœopathy, a brief resume of this law or rule is suggested. This basic principle, the law of similars, dimly perceived and tentatively stated in various forms, or referred to as a possible law by Hippocrates, Nicander, Xenocrates, of the Greek schools; Varre, Quintius, Serenus, Celsus and Galen, of the Roman schools; Basil Valnetene, a Benedictine monk of Erfurt, 1410; Paracelsus, in the sixteenth century and others, was conceived by Hahnemann to be the general law of drug action.

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\* Reprinted from the Laboratory of the Homœopathic Foundation California, March 1937.

Von Haller, in the eighteenth century, 1771, was practically the first to teach that the true guide to the treatment of disease must be sought for in the accurate knowledge of the action of medicinal agents on the human body in health. "In the first place, the remedy is to be tried on the healthy body, without any foreign substance mixed with it; a small dose is to be taken, and attention is to be directed to every effect produced by it; for example, on the pulse, the temperature, the respiration, the secretions. Having obtained their obvious phenomena in health, you may then pass on to experiment on the body in a state of disease."

The genius of Haller gave its impetus to the mind of Hahnemann, who laboured for many years to elucidate the physiological action of medicinal agents. His first experiments were with Cinchona. These results are so classic and so well-known that it is not necessary to describe them in detail. It may be well to add that these experiments were verified by M. Bretonneau, and quoted by Trousseau, two of the leading French physicians of their day.

The universality of the law has been more or less generally accepted. Mons. Marchand de Calvi, in an eloquent and stirring address to the French Academy, stated: "In medicine there is not, nor has there been for some time either principle, faith or law. We build a Tower of Babel, or rather we are not so far advanced—we build nothing; we are in a vast plain where a multitude of people pass backwards and forwards; some carry bricks, others pebbles, others grains of sand, but no one dreams of cement; the foundations of the edifice are not yet laid, and as to the general plan of the work, it is not even sketched. In other words, medical literature swarms with facts, of which the most part are periodically produced with the most tiresome monotony; these are called observations or clinical facts; a number of labourers consider and reconsider particular questions of pathology or therapeutics; this is called original research. The mass of such labours and facts is enormous; no reader can wade through

them. But no one has any general doctrine. The most general doctrine that exists is the Doctrine of Homœopathy."

The Science of Homœopathy rests upon the following general interpretation of the System of Nature, which Science universally recognizes as fundamental :

1. The laws and ways of Nature are uniform and harmonious.
2. Effect follows cause in unbroken succession.
3. To every action there is an equal and opposite reaction.
4. Action and re-action are ceaseless, equivalent and reciprocal.
5. Motion is ceaseless and transformation continuous.
6. Matter is indestructible and infinitely divisible.
7. Force is persistent and indestructible.
8. The quantity of action necessary to effect any change in nature is the least possible.

The aim of all science is to set up in place of the contingent that which law makes necessary, and to refer every particular to its universal. Hence in Homœopathy, we strive not only to separate the contingency from the event, *i.e.* to determine the causal succession from what has taken place, but also to become master of that contingency which makes our judgment uncertain. The contingency of our judgment of the facts, arrived at experimentally by the process of analysis, must be removed synthetically by connecting the laws of nature with the facts, so that we may be able to show their interdependence, and act accordingly. In this synthesis, or connecting of our perceptions, conducted simultaneously with experimentation, consists the Art of Observation.

"Scientific Biology and Medicine begin with Observation."  
We obtain scientific observations in two ways :

1. By collecting, comparing and arranging observations.
2. Through an analysis of the observations.

If the first requires an exact description of the observed, in order to compare and arrange the various observations, the characteristic feature consists in finding a so called causal explanation for the observation. By causal analysis we understand the determination of the totality and continuity of everything which is related to the observation.

Hahnemann spent many years collecting, comparing and arranging his observations of drug actions on the human, finally carefully analysing those observations, before he published any report on his results. These were not hit and miss, or loosely constructed conclusions, but very carefully worked out, and logically drawn up.

Sir Thomas Watson wrote in 1868, "The greatest gap in the science of medicine is to be found in its final and supreme stage, the stage of therapeutics. We want to learn distinctly and clearly what is the action of drugs and of other influences upon the bodily organs and functions; for every one nowadays, I imagine, acknowledges it is only by controlling or directing the natural forces of the body that we can reasonably hope to govern or guide its diseased actions. Authentic reports of trials with medicinal substances upon the healthy human body must lead at length, tardily perhaps, but surely, to the better ascertainment of the rules—peradventure to the discovery even of the by-laws—by which our practice should be guided.

"And as to the uses of medicines, with which it is the student's duty to be acquainted, do you not see that the safest guide to a knowledge of their effects upon a disordered body is the knowledge of their effects on the healthy body?"

Jonathan Periera states in his work on "Materia Medica" that the Homœopaths are perfectly right in assuming that the study of the effects of medicines on the healthy body is the only way in which the pure pathogenetic action of drugs can be ascertained; for when we administer our medicines to patients, the symptoms of the disease present become mixed

up with those that the drug is capable of producing, and the latter can seldom be distinguished with any degree of clearness or certainty.

August Bier states, "The second point, which in my estimation, should without a doubt, be incorporated in our pharmacology, is Hahnemann's drug proving on the healthy human. It is the prerequisite for the practical application of the law of similars. The healthy are rendered ill by the drug and only symptoms arising from this drug-disease point out the remedy. Finally, the Homœopathic doctrine is summed up in this sentence: Diseases are cured by small doses of a drug which, when given in large doses, will produce a similar disease in the healthy. Drug-proving on the diseased human does not yield much information, because he reacts against the remedy in an entirely different manner."

I am fully aware that much can be said against this proving on the healthy human, inasmuch as there is great latitude for the interpretation of symptoms, while animal experimentation, which, therefore, should by no means be neglected, is in many directions more precise and reliable. But the latter has the great shortcoming that subjective symptoms are wholly neglected though they are of great importance. Moreover, it gives no information regarding the action of the smaller dose, which does not make any impression in the animal experiment, hence it tends towards investigation of drugs in large, often noxious doses, instead of the small and frequently the only useful dosage. Furthermore, our means of precision are too coarse to allow of the recognition of the finer changes in the animal.

"The Homœopaths endeavour to make the proving on the healthy human more reliable by grouping themselves together for the purposes of proving on their own bodies.

"The importance of experiments on physicians is illustrated particularly well by experiences in surgery; Schleich experimented on himself with infiltration anæsthesia. Hoelscher with cross section anæsthesia, and Braun tried his



novocain adrenalin anæsthesia on himself. Without this self-experimentation their results would have been more difficult to obtain and less complete, for theirs was a case of testing the subjective interpretation of pain-perception.

“Self-experimentation of the physician in its importance even surpasses the request of Hahnemann to remain within the harmless zone of the drugs. When I introduced spinal anæsthesia with cocaine, at the time the only available anæsthetic, I noticed considerable annoying symptoms, which baffled me, but which I could not correctly interpret from observations on others. Therefore, I had a spinal anæsthesia performed on myself, became gravely ill and thereupon knew exactly that this mode of procedure was dangerous and impracticable. Hence I cautioned against it.”—BIER.

Each medicine has its own special or individual physiological action on some organ or function of the human body in health. When the relationship is in that direction of similarity, the diseased organ or function is influenced to expel the disease, as nature does not allow two similar diseases to exist at the same time in the economy.

The scientific teaching of therapeutics should begin with the accurate knowledge of the effects of medicinal agents upon the healthy human body. This is the fundamental basis of all teaching of medicinal therapy. The conception was the starting point of the investigations and observations of Hahnemann. He reasoned that if there was any truth in the proposition that “diseases are cured by medicines that have the power to excite a similar affection” the only way to determine it scientifically would be to give a medicine to a healthy person and observe the effects, since the healthy person would be the only kind of a person in whom an affection similar to disease could be excited. This gave a scientific basis, and indeed the only kind of basis, for a comparison between the symptoms of drugs and the symptoms of disease. This was followed by a careful search of the literature for a

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record of poisonings, accidental cures, and, with the aid of his associates, a long period of study of various drugs on himself and others. The knowledge thus obtained was then verified in the sickroom.

This was Hahnemann's chief contribution to science. He was the first to make a comprehensive induction of medical facts, deduce therefrom the general law of therapeutic medication and establish healing by medication upon a sound basis.

The careful study of the observations of drug action show conclusively that there is a guiding principle or law of action. Years of study of the action of strychnine on the spinal cord have shown that there is a definitely positive action which is the same under all conditions. This is not a haphazard conclusion, but one based upon years of study and observation. The same tedious course of study has shown that each of the homœopathic drugs has its own action just as definite as that of strychnine, although each may not be so dramatic in its demonstration.

Homœopathy is both an art and a science. The successful homœopathician must be both an artist and a scientist. His work must be both artistic and scientific. Theory and practice must go hand in hand. Technique must be governed by definite principles. Some knowledge of the principles which are common to all sciences and arts is essential to the correct understanding of the special art and science with which we are concerned as homœopathicians.

Homœopathy was founded and developed into a scientific system by Samuel Hahnemann (1755-1843) under the principles of the Inductive Method of Science as developed by Lord Bacon. Its practice is governed by the principle of Symptom-Similarity, which is the application in medicine of the universal principle of Mutual Action formulated by Sir Isaac Newton in his Third Law of Motion. "Action and Reaction are equal and opposite. Homœopathy as a science

rests, fundamentally, upon four general principles: Similarity, Contrariety, Proportionality and Infinitesimality, reduced to the universal principle of Homöosis, or Universal Assimilation."—FINKE.

"Science is knowledge reduced to law and embodied in system." Knowledge of a single fact, not known as related to any other, or of many facts, not known as having any mutual relations or as comprehended under any general law, does not reach the meaning of science.

A science in its development is:

1. A collection of exactly observed facts.
2. A correlation or generalization of these facts forming a system.
3. A formulation of these generalizations as laws.
4. It proceeds to some principle or force accounting for these laws, hence, exact knowledge of proximate causes.

(STANDARD DICTIONARY).

Law, therefore, in its broadest sense, is the observed order or relation of the facts. Homœopathy, by means of the many years of exact observation and correlation of facts, has evolved the law or rule of drug action known as *similia similibus curantur*, thus fulfilling the requirements for qualification as a science.

Therapeutics is that department of medical science that relates to the treatment of disease and the action of remedial agents on the human organism, both in health and disease.

Since it conforms to every requirement of these general authoritative definitions of Science, Homœopathy has been defined as The Science of Therapeutics. No other method or system of medical treatment conforms or even claims to conform to all these fundamental requirements. Homœopathy is not, strictly speaking, "a system of medicine" as it is often inaccurately called, using the word medicine in its broad and general sense. General medicine is made up of a number of

distinct sciences, including General Therapeutics, which covers all the therapeutics resources known to man. It makes use of many agencies besides medication for the alleviation of human ills. Homœopathy, therefore, is a department of general medicine like anatomy, physiology and pathology.

The consensus of opinion of the writers on the subjects of Materia Medica and Pharmacology is that the most reliable sources of the mode and the results of drug action are the observation of the action of the drugs upon the healthy human. This is fundamentally the basis of the Homœopathic rule of drug action. Theories of practice may and do change, but the underlying principles are unchangeable. It is the steadfast rock of the unchanging principle of *similia similibus curantur* upon which our method of practice is founded.

Modern biological science has confirmed Homœopaths in a new in their belief that in Homœopathy they have not only the basic law of therapeutic medication, but also of all tissue reaction. Study of the reactions of protoplasm to stimuli (chemical, electrical and mechanical) has led to the biological law now universally accepted, *viz.*

“Weak stimuli excite, medium stimuli partially inhibit and strong stimuli produce complete inhibition.”—ARNOLD-SCHULTZ.

When we give a drug to a healthy person for the purpose of making a Homœopathic ‘proving’ or test, the train of symptoms which follows represents the reaction of the susceptible organism to the specific irritant or stimulus administered.

When a Homœopathically selected medicine is administered to a sick person, the disappearance of the symptoms and restoration of the patient to health represents the reaction of the susceptible organism to the impression of the curative remedy.

# TUBERCULINUM : ITS VALUE IN ERADICATING CONSTITUTIONAL DYSCRASIA.

By H. C. ALLEN, M.D.

(Continued from the July issue 1937.)

Carbuncles: indolent on various parts of the body when Lachesis, Anthracine, Tarentula, Silicea or Arsenicum apparently the best selected remedy, fails to cure.

Relations.—Complementary: Psor., Sulph.

When Psor., Sulph., or the best selected remedy fails to relieve or permanently improve.

Belladonna, for acute attacks, congestive or inflammatory, occurring in tubercular diseases.

Hydrastis to fatten patients cured with Tuberculinum.

CASE I. Baby B—, nearly a year old, had suffered with an eczema, which completely covered the face and at times the scalp. Several members of the family of both father and mother have died of tuberculosis, and two children at about the same age, after suffering for months with eczema of scalp and face, had died from a tubercular affection of the brain, said to have been tubercular meningitis.

Was called in consultation with Dr. Waddell, Professor of Diseases of Children in Hering Medical College, and Dr. Woodward of the Chicago Homœopathic College, to see the baby that for 48 hours had been thought to be dying.

The eruption was pale and had to a large extent disappeared, the scalp being nearly free.

Extremities were cold and at times bathed in cold perspiration.

Boring of the occiput into the pillow.

Head in almost constant motion.

Complete unconsciousness.

Eyes everted or staring and glassy.

Pupils contracted and insensible to light.

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- Constant twitching of the right arm and leg.
- Dark, involuntary and offensive discharge from bowels.
- Face white, pale, distorted.
- Pulse thready. scarcely able to count it.
- Brain symptoms appeared as eruption faded.
- Marked symptoms of effusion.

This formed a very fair picture of diffuse tubercular meningitis. The prognosis were grave. The family history and the death of two children from similar conditions at about the same age rendered the outlook very dark, and the consensus of opinion was the child could scarcely recover.

The totality of the acute symptoms, after a careful comparison, was found to be covered by Zincum which was given in the C. M. potency, and within an hour the child was asleep and passed the best night for weeks. The reaction was prompt, but it did not continue. The following day the old symptoms began to return. On the second day Zincum was repeated in the same and in different potencies, but no improvement followed, in fact, the symptoms of effusion were more pronounced.

At my suggestion and as a dernier ressort Tuberculinum M. [Fincke] was given dry on the tongue. Improvement began at once and continued for four days, when a return of the symptoms called for a repetition. This was followed by further improvement and the same remedy in various potencies was repeated at intervals on return of the brain symptoms for four months. Then every three or four weeks when the mental irritability marked the onset of an attack it was repeated in the C. M. potency until complete recovery took place. The eruption returned on the face for a few weeks in a mild form with much itching and then permanently disappeared. The patient suffered at intervals from severe attacks of mental irritability for two or three years when a dose of Tuberculinum promptly restored the equilibrium and the child is now the picture of a healthy boy.

CASE II. Miss B—, aged 17, has for years been a victim of chronic headache, especially when in school. Her father died of pulmonary tuberculosis and her elder sister is very anæmic and of a strongly marked tubercular diathesis.

A number of oculists have diagnosed eye strain as the cause of the headache, as the pain was invariably brought on or aggravated by study ever since she first attended school, a school girl's headache. The pain is very severe.

A bursting, hammering, throbbing headache ;

◀ by moving head or eyes ;

◀ by mental exertion, reading or talking ;

◀ by warmth, by sitting or lying and in the open air ;

It is generally semi-lateral at first, begins in forehead or over eye, preceded sometimes by blindness or lightning—like zig-zag flashes which are so dazzling as to compel cessation from study.

The attacks last from 24 to 48 hours and leave her greatly prostrated.

The light attacks are not confined to any particular locality, and are aggravated at any time by using the eyes in study.

Natrum mur., Ruta, Carbolic acid, Iris and Psorium according to predominant symptoms at various times, completely failed to give more than temporary relief. Tuberculinum M, one dose, brought prompt relief for three weeks, when she had a mild attack following a school examination. Another dose in the C M potency relieved as promptly as the first, and for over a year, while still engaged in school work, she has had only "a suggestion" at times when a single dose gave relief. She does not wear glasses and uses her eyes at all kinds of work.

CASE III. Dorothy R—, aged 6, dark hair and eyes, mother died of pulmonary consumption before she was six months old.

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Has always taken cold easily; could not tell how or where.

Profuse perspiration when she sleeps, especially of head, neck and shoulders.

Each cold begins with sneezing and coryza and ends with croup or croupy cough.

She no sooner gets rid of one cold, before another begins' is housed up all winter.

Hepar, Kali b., and other remedies, would modify cough and shorten attacks, but would not prevent a return.

Tuberculinum m and cm, a dose every two weeks in summer so improved the patient that she had but two or three colds the following winter, and the repetition of the remedy at intervals of one or two months has effected a cure. Not a cold or cough last winter; can go anywhere or do anything that any healthy child ought to do.

CASE IV. Tuberculous Eczema. Patient about 50 years old, black hair, blue eyes and fair complexion. Had severe attack of hemorrhagic typhoid when a young man at college.

One brother died of pulmonary tuberculosis. Has had eczema more or less severely for 10 years. First began behind right ear, involved scalp and face completely and extended over entire trunk, worse on right side.

Profuse oozing of a clear, viscid fluid, which on drying forms large quantities of white fish like scales, with intense itching.

Compelled to bathe to > the dryness and itching, when oozing again begins. Intolerable itching followed by long lasting burning and smarting after scratching or rubbing.

Fierly erysipelatous redness of skin, with ringworm like border adjoining healthy skin.

"Handfuls of scales" from scalp and body when brushing hair or undressing.



The eruption is > in hot weather; cannot bear a warm close room; must have open air. A warm close room will produce itching, yet must have a warm room in cold weather.

The parts always > when covered, while exposure to open air produces itching.

Better: by warm bathing; lying down, sleeps well at night; wrapping up.

Worse: in a close room; when undressing; when skin is exposed to the air.

The patient had most careful prescribing, remedy selected by the repertory, for more than a year, with at most, temporary relief for a week or two. Among the apparently indicated remedies were: Ars., Graph., Rhus rad., Clem., Lyc., Sulph., Psor., Mez., Phos., Petr., with no permanent relief, nothing like a cure.

Finally guided by the tubercular history and the characteristic for the nosode. "When the best selected remedy fails to relieve or permanently improve" I gave him Tuberculinum m, cm and M, repeating the remedy and changing the potency when improvement ceased. He began first to improve in his general health, then the eczema disappeared in the inverse order of its onset, the scalp being the last to get well. It was a typical case and one of the most obstinate I ever attempted to cure.

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"We must recognise with great clearness what has to be eliminated from every disease condition in order to evolve one of perfect health, and every medicine must clearly demonstrate what are its curative powers that can be depended upon in the treatment of disease. Then only will medical science cease to be a frivolous gambol for human life and begin to be a sure deliverer from disease. I shall demonstrate what are the points that disease offers to us that can be undeniably cured, and how the curative powers of medicine can be clearly discerned and applied."

SAMUEL HAHNEMANN.

# Heart Remedies

DR. GEORGE MCGEORGE, M.D.

Camden, N. J.

By request of the chairman of the Bureau of Materia Medica I have prepared this paper. Several years ago in response to a similar request, I read before this Society in Newark, "Some Indications for a few Remedies in Heart Troubles." As that paper read before the New Jersey State Homœopathic Medical Society, was handed to the Secretary, and is no doubt packed away among our archives I cannot say how many of the indications given then are incorporated in this paper. As homœopathy is an exact science, and as a good symptom or indication never loses its value, there will be no harm done if some of the statements are repeated in this.

If I remember aright, the chief criticism then was, that I had not mentioned digitalis, and as that remedy was the sheet anchor in heart cases for those members who criticised, it was very plain that I had omitted the most valuable remedy in their armamentarium, and should be held to account for this shortcoming.

To avoid this criticism to-day, digitalis will occupy the first place. No doubt many of you know more about digitalis than I do, give a great deal more of it than I have given, probably have seen more marvellous cures follow its administration and, if you are honest, will admit that it has failed you sometimes in your hour of need.

Digitalis has its field of usefulness and works splendidly and quickly when indicated. Had it not been for a few drops given to me one morning a few years ago, I would not be here now. Yet it is abused and given many times when it is not the indicated remedy. Like arsenicum, and nux, and strychnia. It is a good servant but a bad master. To be true to my profession and consciences in administering this drug, against

whose exhibition in my early practice I had been warned by many physicians of both schools, I have studied English, French, German and American authors of both schools, so as to aid me in the proper and timely administration of this poisonous drug.

One of the best old school English writers—Sidney Ringer—gives this excellent advice: "I believe that we obtain better indications respecting the advisability of using digitalis by considering the totality of symptoms, rather than by confining the attention simply to the nature of the valvular affection, and therefore I will fully indicate the heart diseases in which this drug will prove useful and those in which it will be found of little or no use." He recommends it in many forms of heart trouble, but advises caution in aortic cases.

... Frederick, the German author, gives digitalis in large doses in pericarditis. Paul, the French savant, in this disease advises small doses. Babcock in his admirable work, writes: "The routine administration of digitalis is objectionable in any form of cardiac disease, and in pericarditis is especially so." He advises against its use in acute endocarditis, because it increases the strength of the systole, and subjects the valves to greater strain. For the same reason it is contra-indicated in chronic pericarditis. My advice would be not to use it in any form of endocarditis or myocarditis, because of the danger that follows its use. Steer clear of it in fatty heart, in dilatation of the heart in tachycardia, in pericarditis and many of the functional disorders. In relative mitral insufficiency it is sometimes useful, and in hypertrophy of the heart, if other symptoms call for it, it may be permissible.

English doctors of the old school, as a rule recommended its use in nearly every form of cardiac disease, many of them in exceptionally large doses ranging from ten minims to half an ounce of the tincture. One English surgeon in cases of delirium tremens gives half an ounce of the tincture, and repeats the dose in four to six hours. Two of these cases died suddenly, but he naively remarks that people die from delirium tremens where they don't get any treatment.

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Hahnemann in his *Chronic Diseases*, Vol. III, page 203, writing of digitalis, uses these words: "It is one of the most powerful medicinal substances, and has been frequently abused by those allopathic physicians, who, not knowing when to employ the drug in suitable cases, aimed at astonishing the patient by sudden effects. The ignorance of physicians had led them to commit many murders with this drug."

The true homœopathist will never use it to the detriment of the patient, he will never give it to lessen, but to increase the number of pulsation." In a footnote on page 222 we read: "It is the most ordinary and certain characteristic property of digitalis to depress the pulse in its primary action; this depression is then permanently followed by a much smaller and more frequent pulse, which shows how great a mistake is committed by physicians of the allopathic school, who imagine they can permanently retard the pulse by digitalis."

In my practice, I find digitalis in the first or second decimal dilution as useful as the tincture, and many times when given in dilution will save the patient from the nausea, vomiting and anorexia frequently observed after full doses of the tincture. Occasionally my patients, who have been given big doses by other physicians, have been a little timid for fear my medicine would not be strong enough, but when relieved of their distress admit that my dose was pleasantest. When I do use the tincture, I prefer the fat free preparation.

When you find an old man or woman troubled with vertigo, who has a weak heart with a slow pulse, digitalis is bound to help. If you must give the tincture, put a few drops in a tumbler one-third full of water and give a teaspoonful every five or ten minutes until relieved, then promptly stop your drug. The first or second dilution will work, if anything, a little more quickly. If you have chosen the right remedy a small quantity will do the work. If you have erred in your choice, a big dose will not correct your mistake.

When the patient feels as if dying, with faintness or sinking at the stomach, digitalis will promptly relieve. If the trouble is due to an overloaded stomach or the ingestion of indigestible food, emesis will be a great help to your patient. In many of these cases, nux follows nicely after the heart has been relieved by the digitalis. In this connection, the following clinical case will illustrate clearly this indication.

Was called hurriedly to see a man seventy five years old who was suffering with his heart. Examination showed a rapid and irregular pulse, oppression of breathing, with great anxiety. He had eaten nothing that morning but he had eaten some cold beef before he went to bed, and his stomach felt uncomfortable. Five drops of digitalis tincture in two ounces of water, one half of which was given, at once improved his heart's action, but his stomach troubled him. A swallow or two of hot coffee, acted promptly as an emetic, and after throwing up the coffee and some slime, he was immediately relieved; in two minutes he said he was all right and sure enough his pulse had become normal, and there was no return of his trouble. On three separate occasions for the same condition, he received similar treatment with equally prompt results.

When a patient comes to see you, and has to rest before she can walk up the steps to your office; when she has to sit down and get her wind before she can tell you her trouble; when she is worse from ascending; when the trouble grows on her from month to month; when the pulse after walking ranges from 80 to 120 with slight rise in temperature; when she feels as if she would die, without the fear of aconite or anxious restlessness of arsenicum, a few drops of digitalis, first or second dilution, will give her prompt relief.

In cardiac cases when the skin is bluish, when the heart trouble is complicated with disease of the kidneys; in waterlogged cases, when the limbs, body, rectum, are full of water and the patient cannot lie down, digitalis will relieve, even if

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it will not cure the case. I prefer the fat-free digitalis. Professor Haines likes the powdered English leaves, given half a grain every twelve hours for two or three days, then wait for the cumulative effects. In my practice better results have followed small doses repeated frequently. But there are some cases which digitalis will not relieve; I have seen excellent results many times follow the use of a nephritic pill, made of apiol, oil of juniper, asparagus seed, buchu, digitalis, podophyllum and potassium nitrate. In children six years old, youths of eighteen years, in young married woman, and in old men, equally good results have been observed and life has been prolonged from one to three years by their use. Sometimes good results in these water-logged cases have followed the use of a strong infusion of the ground root of apocynum cannabinum, but you must stop it the moment emesis sets in.

When digitalis fails to relieve these water-logged cases, Haines recommends squills. As the primary action of this drug is to increase the flow of urine, it will be all right for a few days, but as the secondary effects of squills is to cause scanty high colored urine then it must be discontinued. Hahnemann, in a foot note to his provings of this remedy, says that 'thousands of years ago squilla maritima was used by the ancients to cure the dropsy, but that most of the patients found speedy graves on account of the secondary action of the drug.' In diabetes mellitus and diabetes insipidus, it often proves helpful. But there is one good use of squills not generally known, but one which is worth remembering. When you have a salesman or saleswoman, or anyone who has to stand up all day, scilla maritima, high, will ease them, and cause them to bless you.

In cases of acute indigestion which so frequently precede heart trouble, digitalis disagrees with the gastric juice, and causes instant nausea; if in such cases we give our patient a swallow or two of coffee or part of a glass of milk, the stomach will promptly reject both, and throw off not only the liquid

and medicine just given, but will empty itself of the undigested food and slime; and the patient will get immediate relief from the cardiac distress and indigestion, and many times no further medical aid will be required. Finally, remember that digitalis given too often or too long, disagrees with the stomach, and causes nausea, vomiting, anorexia.

Having atoned for my sin of omission in the previous paper, by devoting so much space to digitalis this time, I will briefly allude to some useful heart remedies, and then close with some indications for our greatest heart remedy, aconite.

It is wrong to practice medicine by routine; it is worse to rely on three or four remedies when our materia medica is so rich in remedies affecting the heart. As hints in the selection of the remedy, I will suggest—when the trouble is from the sympathetic branch of the pneumogastric nerve, aconite stands out prominent. If from the spinal nerves cactus will serve you better. If the heart is hypertrophied from a strain or from too heavy lifting, give arnica, and if you are persistent in its use, you will cure your patient. If the right heart is hypertrophied with irregular pulse, arsenicum will more surely cure the case. Arsenicum affects the right side of the heart, phosphorus the left side. Hering says that phosphorus has dilatation of the right ventricle, and hypertrophy of the left verticle.

If the cardiac trouble results from over-eating or from indigestible food, nux or strychnine claims your attention. In valvular troubles when there is a bellows-like murmur, spigelia speaks first.

If the blowing is persistent, with difficult breathing, spongia should be considered. In many cases of mitral insufficiency with persistent regurgitation, spongia, if faithfully given, will remove much of the vegetative growth that has caused the leaky valve, and many times remove the whole valvular trouble.

## HEART REMEDIES

In pericarditis, bryonia and kalmia will help you. When the stitching pains predominate, bryonia stands highest; when the pericarditis follows rheumatism, with numbness of the left arm, kalmia will be the remedy. It will reduce the heart's action and by lowering the pulsations will relieve the stitching pains.

In angina pectoris, magnesia phosphoricum 6x, has helped me most. If given in hot water, the relief comes quicker. When the angina is always aggravated by wind in stomach or abdomen, lycopodium 30 will do better. In cardiac asthma, lycopus and sumbul have been most useful. Lycopus is better when the asthma is aggravated by flatulence, sumbul in elderly people where there is sclerosis of many of the arteries, indicating a calcareous degeneration of the aorta, or of the coronary artery. Lachesis is good in these cases particularly if the patient is worse after sleep. When a patient tells you he must keep moving or his heart will stop beating and he will die, give gelsemium, but if he feels that his heart will stop if he moves about, give digitalis, and in this class of cases digitalis high will be better than the crude drug. With these general indications for a few heart remedies, with your permission, I will ask your attention a little while, while I write about my favorite heart remedy.

Aconite is a glorious heart remedy. No other drug is so often called for in acute cases of cardiac trouble. No other remedy works so quickly, so quietly, so surely as aconite in heart affections. If this remedy was prescribed more frequently in endocarditis following rheumatism, or occurring during the acute inflammatory stage there would be fewer valvular troubles to contend with after our patients get about. Yet there are many homœopathic physicians who rarely give it in this class of disease.

Fear is the predominating symptom calling for aconite in heart troubles. Fear of death, even predicting the time of her death. "Doctor, I shall die, I shall die to-day" has been said



to me many times. And yet I give aconite without fear, knowing that it will increase the circulation and drive away the fear, and many times the patient has left my office, or my clinic, laughing at her own fear.

When a man comes with fear and trembling to my office, fearful that I will tell him he has some incurable trouble with his heart; when a woman comes to my clinic, nervous and afraid she will die before she reaches home, I do not make a thorough examination, but give them a dose of aconite 30, dry on the tongue, give them some more to take when they get home, tell them they will be better very soon, and the next time they come they will be stronger, and then I know they can tell me something good. I know the medicine will relieve, because it is homœopathic to the case, and my confidence in the action of medicine gives confidence to them. If you have no confidence in your ability to help your patients, you can not expect them to have confidence in you. Aconite has cured these in the past, and aconite will continue to cure them till the end of time.

Palpitation of the heart with great anguish was one of Dr. Guernsey's key notes. If with this palpitation there is tingling in the left arm we are sure aconite is the remedy. When the cause of the heart trouble can be traced to an exposure to dry, cold air, Guernsey says, aconite always cures them, and he is good enough authority for me.

(To be continued)

.....  
"Have sympathy for this great young science. It was impossible for one single man to put it in order; thousands were necessary for this and auxiliaries such as a well-equipped hospital. This most indispensable auxiliary for the cause of the science was something that homœopaths, in spite of their most ardent desires, had never yet been fortunate enough to obtain from a sovereign."

S. HAHNEMANN.

# THE NOSODES IN CHILDREN'S DISEASES

DR. RONALD M. TROUP

(From Pacific Coast Journal of Homœopathy, July, 1936).

To me, there has always been the impression of filth and depravity in even the thought and utterance of the word "Nosode." It brings a Frankenstein-like personality to the *Materia Medica*, that reeks with destruction and necrosis and yet withal there is a leering sense of power as though it knew its foothold and would pursue its mission in spite of all of our efforts to neutralize it. It is the product of errors and mistakes and neglects that are ages old.

In the Nosode rests the cumulation of generations of this or that variety of ill health and abnormal function, together with the build-up of definite organic disease and destruction. Its production emanates from the most abhorrent of diseases and from those that have the highest mortality, the most crippled victims and the largest sweep in health destruction.

Yet, even in these miserable conceptions lies its very power, homœopathically speaking, to reach back just as far as its remote origin and to eradicate the very morbidity with which we are confronted.

We believe that we have, practically speaking a well and even specifically indicated remedial measure for all of the ill health which we contact. Nevertheless, time and again, we are put to rout and are forced to acknowledge defeat in matters of treatment, because of an intangible something that prevents action. Either the patient fails to respond to the prescription or the prescription fails to reach the patient in spite of all effort to arrive at a result.

This phantom-like resistance was met; understood and taken cognizance of by Hahnemann in his references to those deep and underlying causes of health depravity, in his

repeated stressings of the psoric and sycotic backgrounds, which refuted his efforts to bring about a return to health. In the light of current knowledge, with relation to the long enforced and the continuing effects of the syphilitic and gonorrhoeal infections, we have scientific laboratory proof of the intensity of the effect, that is left to operate through successive generations. The result is that we not only have the patient himself to deal with, but also must meet the descending, hereditary taint that has been injected into the case. It is this, more likely than not, that impedes our efforts and with-holds the result for which we strive. It is also this added insult that sets at naught our most clearly indicated and most accurately prescribed remedial agents.

Granting that the uniform and average child is given a right and proper physiology, we also concede that we surround him with the full complement of protection in his time of growth. This is to be derived from feeding regimen, immunology, laboratory assistance and all the phases of preventive medicine. We have concerned ourselves with his antenatal care and have attended his later development with all of the help to be secured from watched environment; sensible and consistent care for his unfolding needs. What then are to be our thoughts when our exhibited Chamomilla, Calcarea, Phosphorus, etc., are denied their results. The cases that derive but little, or at best, only passing, betterment from the clearly indicated remedy can but lead us to the thought that we are dealing with some deeper and untouched condition which we have, thus far, failed to perceive. Hence we are forced to the conclusion that we are met up with a decidedly chronic force that has its own bearing on the responses of the patient and cognizance of the incidence of it must be taken, if we are to bring about a completeness of result.

The child patient may not be able to extend this information; we may fail to elicit it from the family history; we may not be able to secure it through laboratory investigation,

but nevertheless our inference and intuition, that seizes a dropped word or given symptom, harks us back to first and primary flaws in the make-up of our young patient. Too often we are not prone to attach weight to these fleeting symptoms and in this way we miss the red line-finger that would direct us to the fuller result. The paucity of such guiding symptoms and their mysterious aspect permits of our losing the scent and yet these very signs may be jots of information from which we may glean more than from sputum and blood and spinal fluid examinations. Such tests may be empty of help but our suspicion of the condition will lead us to ferret out the reason for the symptom complex.

Conceded that such cases make up but a small portion of the day's work, nevertheless they may be the very ones that break wide open the perfect set-up Pediatric practice and as such will be worth our more intense thought and attention. The gauge of satisfaction often lies, not in the smooth cases but in the severe and intense ones, that we clear.

Dr. H. C. Allen in his work on Nosodes, held insistently that these were fully homœopathic in nature and that they should be so proven and prescribed. He states that they are amenable to the laws of full totality and the Similia in every particular and he cites the concurrence of Kuerr, Swan, Warring, Yingling, Farrington and others. Gentry's Concor dance abounds in red line indications and verifications of them. Dorland defines "a nosode as any diseased product used as a remedy." We consider our preparations as being the potency of the product of the diseased state. Consequently we conceive the origin of Medorrhinum in the discharges of gonorrhœal infection; Tuberculinum from tubercular expectorations and pus; Diphtherinum from the diphtheritic membrane and secretions. Save the Lacc they are products of deeply diseased states.

While we may not hold that there is a direct and actual transfer and projection of the diseased state from generation

to generation, we do feel that there is a descendance of the scourge and taint of ravaged tissue into procreation, and we include it as a handicap to patients which spring from such progenitors. We also note that it is not essential that disease issue in the same form as its original as witness staggered occurrence of cancer; tuberculosis and syphilis, back through family histories.

Outstanding in children we note the delaying dentition outcropped from preceding gonorrhoeal infection; the necrotic, serrated teeth of syphilitic structure; the chest manifestations of foregoing tubercular activity and the functional and nutritive imbalances of any or all of these. As with any remedy we can but take our indications from the provings of the drug or the material in question. There seems to be one broad and common warning applicable to each drug; that is the fact that they are potent and deeply acting remedies, as expressed by the wording of their use "when seemingly well indicated remedies fail to act." Having such a case of symptom bloc it will be necessary to select the one that most closely approximates the underlying, accrued condition in this child's health picture. We must therefore have knowledge of the extension of these states into procreation and so will note the following selective symptoms as related to diseased conditions in children, and will follow the indications of a few, rather than attempt the full list of this type of modalities. And illustrative case or two will present point for discussion.

### MEDORRHINUM

The product of gonorrhoeal infection which in the child may be sustained through procreation or be innocently acquired.

A symptom picture of dread—dread of animals, with terrors; dread of the dark, demanding that there be enough light to bring things out clearly; a cross child all day, but reversing itself at night and becoming playful and cheery.

A child that is peevish and impatient and selfish ; that has itching of the scalp, lustreless hair with an electrical condition of the hair, that will not stay in place. The eyelids are ulcerated and there is itching eyebrows with dropping of the lashes. There is crawling in the ears and nose and coldness of the tip of the nose and constant dripping and running but without symptoms of a "cold"; snuffles in children and chronically enlarged lymphatic glands.

Teeth are sore and are chalky ; yellow ; gums are colourless and the tongue is blistered and stringy mucus runs from mouth in sleep. There is insatiable appetite ; nibbling all the time, with cravings for sweets and salt. There is none of nausea, but vomiting of blackish bile is present and there is doubling up with pains in stomach as if pins were coming through from stomach. We find paralytic anus and rectum, with stools black or white and tenacious, clay-lik, passages ; corrosive blistered anus and the child does not regenerate following diarrhoeas, which relapse.

There is recurrent cystitis in children and inflamed genitals ; warts and excrescences and foul odour about the genitals, in spite of any cleanliness. Lencorrhoea of children with excoriation ; mastitis and the scaly nipples, with excoriating oozing. Chronicity of coughs, nontubercular, with the hollowness of Hepar and the thick expectoration of the Kalis. Persistent coughs in children with oddities of modalities such as better lying on the face. Persistence of cough in unresolved chest conditions, with easy taking cold—deeper, however, than the reach of the Calcareas.

Unexplainable loss of power in the limbs ; child falls on smoothest ground, as though limbs gave way. Burning not only of soles of the feet, but of the palms as well. Leg pains in children ; nervousness with easy starting ; feels things crawling over the body. Children are of pale ; weak ; stunted ; dwarfed ; rachitic type and dull mentally. The contrasts in the child will be of note. Sleeps best doubled up, knees under him, with face buried in pillow ; when chilly or cold, is

worse by heat; blue with cold, but worse covering up; constant perspiration of feet, but this is worse in winter; nocturia worse after harder exertion and play; the more tired he is the more jerky and fidgety are the feet and limbs.

## PSORINUM

The indices here may be retroactive to parental skin lesions, or the production of offspring from greatly debilitated and neurasthenic constitutions. One will except the definite processes of Syphilis and T.B., and more than likely will find histories of diabetes; cardiorenal disease and mental deficiencies. In these small patients, unstable nervous systems are the rule, with outstanding anger and fits of petulance. There is vertigo in the child; tetany and tendency to convulsions. There are boils on the scalp; matting exudations with a sticky discharge and foulness of eruptions. Painful lumps on the scalp, which come and go without reaching suppuration. Red eyes and photophobia with rheumy eyes and recurrent crops of styes. Resistant eczemas of the auditory canal and foul discharging otitis media and pustular eczemas behind the ears. Drooling saliva, with pains in the teeth and receding gums; children gnash the teeth in sleep.

There is ravenous hunger, the child waking hungry in the night and incidentally being relieved of complaints while eating. Nausea before breakfast with cutting pains in stomach and abdomen during the day. Diarrhoeas that are intensely foul and involuntary stools during sleep. Perverse asthmas of children with antagonistic reliefs, as worse in the open air and better indoors; worse sitting, but better lying down; worse with arms close to body and better with arms spread far apart. Empyemas and lung abscesses, all with extremely foul discharge, with cachexia and tedious recovery, in like conditions. There is marked tendency to sprains and bruises and dislocations. Opposite to Medorrhinum the child will be full of twists and turns and frets all night, but is lively and normal the day afterward. Herpes and skin lesions that come and go and are worse in winter and that become thickened and leathery with crusts and scabs and sticky foul discharge.

(To be continued)

# The Kali Family

Franklin H. Cookinham, M.D.

( *Continued from our previous issue* )

## KALI PHOS.

It is understood of course, that one should make the usual physical examination, including blood count, hemoglobin estimate to determine the type of case one has in hand. Kali Phos. is of splendid value in wasting muscular diseases, atrophic diseases in old persons. Here there is a marked asthenia and Kali Phos. helps in picking up these more or less old wrecks. The mental symptoms should be particularly noticed. There is a nervous dread of attempting things, irritability, whereas the patient was formerly calm. Night terror in children indicates this remedy. In adults and middle age, a loss of memory, asthenia, manifested by the fact that the slightest exertion exhausts; an all-gone sensation in the pit of the stomach (Sepia, Ign. Sulph.).

Gastrointestinal tract has foul odorous diarrhoea, this suggests Kali Phos. In the female the menses too late and too scanty, accompanied by mental depression. In both sexes a loss of sexual power.

I would like to suggest that you compare Zinc, Gels. Cimicifuga, Lach. Mur. Ac. Hering, in one of his articles, suggests that after a weakening disease one should be given mushrooms, which contain Kali Phos.

The final great member of this family is Kali Sulphuricum Region—

Epithelium Glands, Resp. Organs, Skin.

Worse—Warmth, room, air, noise.

Better—Cool air, walking, fasting.

Kali Sulph. is to be thought of in all skin conditions, accompanied by profuse desquamation particularly so in the



acute exanthema of childhood and in the late stages of inflammation. Kali Sulph., as well as Kali Mur., assist in the absorption of inflammatory deposits. The yellow mucous, serous discharge, particularly in the involvements of the upper respiratory tract, is characteristic of Kali Sulph. In infections of the nose and throat where there is a yellow, slimy sputum and discharge, with a loss of smell (Nat. Mur.) Coarse rales in the chest suggests Tar. Emet.

The post-influenzal cough of childhood which is quite persistent in many instances. In asthma when the yellow discharge is present, with aggravation especially in the evening and by warmth.

Referring again to the skin diseases. Psoriasis, I appreciate the difficulty one has in treating this condition, but in one instance in particular I saw much benefit from the administration of Kali Sulph.

Eczema with burning; itching papula eruption accompanied by a great deal of desquamation (Merc. Mez). Nettle rash, Kali Sulph. may be of special value, also (Urt. Urens.). Seborrhoea of the scalp. Tinea barbae with much scaling, compare Kali Sulph. Chrom. particularly in the upper respiratory infections, symptoms of which are similar to Kali Sulph. but more intense.

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## REVIEW

### LAWFUL STUDY IN HOMŒO THERAPEUTICS OF MEDICINE. (IN PRESS).

By—DR. P. S. KAMTHAN M.B. (Homœo),

We have received a few sample pages of the above book for review. It is difficult to judge the intrinsic merit of any work from a few pages only. Of course, We have every faith in Dr. Kamthan's ability and we really appreciate the arrangements and style of the work which is a novel one. The inclusion of Indian diet is of real merit. We hope to make an elaborate survey of the book after we receive the complete set.

# ALL BENGAL Homœopathic Medical Board.

A meeting of the provisional committee of the above Board was held on Saturday the 31st July 1937 at 213, Bowbazar Street, Office under the presidency of Dr. J. N. Banerjee, L.M.S. The following members were present :—

Drs. J. N. Banerjee, N. Ghatak, Khan, Atul Roy, H. C. Roy, H. N. Mukerjee, D. N. Chatterjee, K. D. Sirkar, H. Bhattacharjee, S. C. Banerjee, J. C. Banerjee, B. B. Chatterji, M. Das, J. M. Mitter, K. Ganguly and others. The following points were raised by the secretary and put to the house for opinion :—

- |                                         |                                                   |
|-----------------------------------------|---------------------------------------------------|
| 1. Object of the Board.                 | 2. The preliminary Board.                         |
| 3. The secondary Board.                 | 4. Ceasing of the function                        |
| 5. Registration of the general members. | of the provisional Committee.                     |
| 6. Budget.                              | 7. The reply to the Bengal Homœopathic Institute. |

1. The present object of the Board is to form a Central Board of Examination with the united efforts of the three classes of representatives as expressed in the original scheme—passed unanimously.

2. Almost all the Homœopathic Institutions of Bengal have whole heartedly joined the Board by sending their requisite conditions to the Secretary of the Board. The limited number of their Institute who have not yet been able to do the same were requested to have to finished by the 18th August 1937 positively.

3. The Secondary Board—The Secretary was empowered to invite on behalf of the Board all the members of the provisional Committee as well as to the preliminary members to suggest at least 70 names including district representative from Calcutta and Moffussil who are willing to be elected in the said Board.

4. The provisional Committee will cease its function as soon as the above three classes of representatives have been formed.

5. The above committee suggest that the registration fee of all the practising Homœopaths enlisted to the Board be not more than Re. 1/- and an annual subscription of Re. 1/- only.

6. Budget :—The Board requests every member to subscribe in advance the allotted fees in order to help the preliminary expenditure under the formation of the Board. The Secretary thinks at least Rs. 360/- would be necessary for the publication, the books, the postal stamps and other miscellaneous.

7. The reply to the letter of the Secretary on behalf of the Bengal Homœopathic Institute as well as to the conversation with Dr. Banerjee and Dr. Mazumdar :—

A letter to be sent suggesting the following changes to be made :—

I. That there should be no further association or Institute under whose auspices the function of the Board might be conducted.

II. That the name of the Board should be retained as "All Bengal Homœopathic Medical Board" under which name it has already been circulated through the length and breadth of Bengal and for which sufficient amount of expenditure has been already incurred.

III. The office bearer should not at all be nominated but to be put in the general meeting to be constitutionally elected by the voting majority.

Lastly the house elected the following names of gentlemen to chalk out the rules and regulations to be put forward to the final meeting for the guidance of the Board in general :—

Drs. J. N. Banerjee, B. B. Chatterjee, H. N. Mukerjee, S. D. K. Roy, M.A., B.L., & S. J. Naresh Chander Mitter, B.L.

The house also agreed to approach for the last time to the authorities of those Institutions who are either putting their energies for the formation of separate Boards or who are reluctant over the matter.

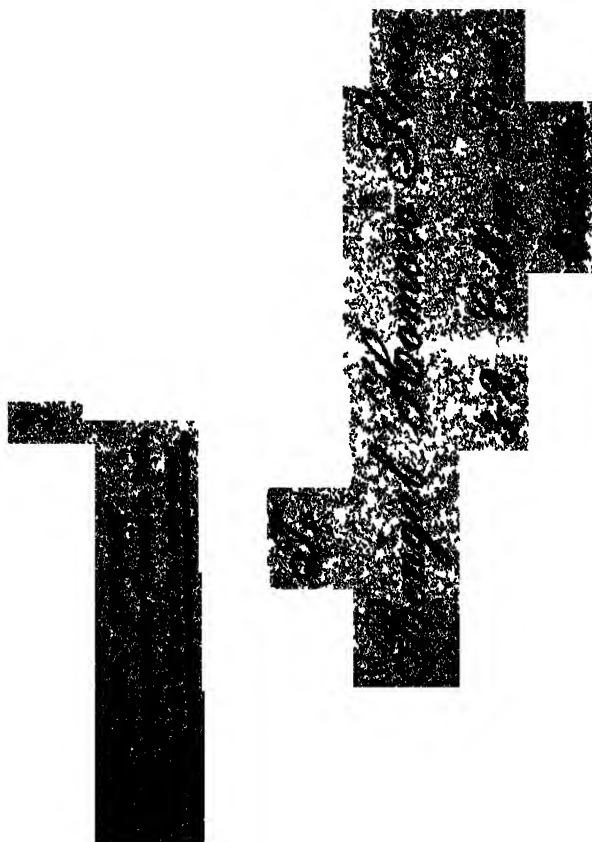
The next meeting was fixed by the house to be held on the 15th August, Sunday at 8 p.m. sharp.

After a vote of thanks the meeting terminated at the late hours of evening.

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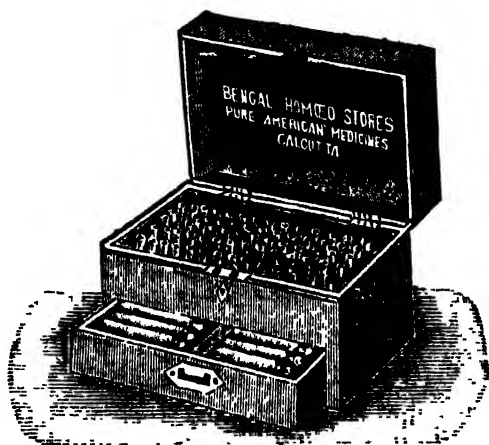
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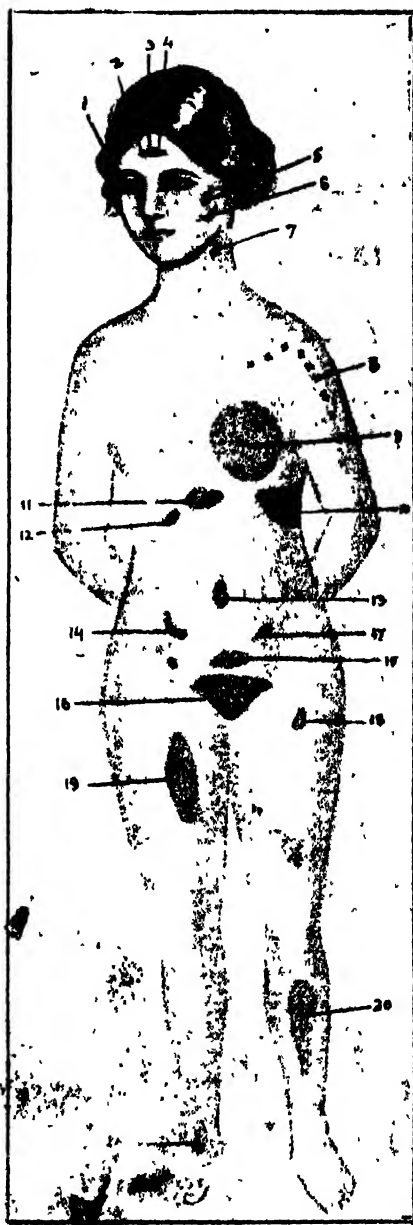
"And now, if e'er by chance I put  
My fingers into glue,  
Or madly squeeze a right-hand foot  
Into a left-hand shoe.  
Or if I drop upon my toe  
A very heavy weight  
I weep, for it reminds me so  
Of that old man I used to know"

*Lewis Carroll.*

**W**HY is it that absent-mindedness is regarded as a failing peculiar to "professors"? For, after all, even the Plain Blunt Business Man sometimes forgets his keys, puts on odd socks, or leaves the bath-tap running. In fact it seems that forgetfulness is a failing common, thank heaven, to all humanity: and we must make allowances for it. At 3/2, College Street, Calcutta, we welcome, naturally, the customer who knows What He Wants, Gets It, Goes. But we also welcome the one who's not quite sure, who rather wonders whether he ought to or not, and would we mind awf'ly getting out a sort of scheme, etc., etc. For the latter, though he does take up time, gives us a chance to prove one of our pet theories,—that business can be conducted in a rational, human manner, to the profit of both parties.

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The shaded portions in this chart indicate the location of the pain and the numbers refer, in the text, to the source of trouble

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is a crime.**

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# The Homœopathic Bulletin

Vol. X.

OCTOBER, 1937.

No. 5.

## Homœopathic Faculty Bill, 1937.

On 17th September, 1937 Mr. P Banerjee the Congress Member moved the Homœopathic Medical Faculty Bill, 1937 in the Bengal Legislative Assembly.

The house has decided to circulate the Bill for Public Opinion.

"Hahnemann's theory rests immovably on eternal laws of nature. It will be as immortal as nature herself and with it its creator, Samuel Hahnemann, will remain for ever immortal. With imperishable lettering his name will be inscribed in the history of therapy. The brilliance of his name will cast a light not unequal to that of the greatest intellectual figures of all times. As time passes by, the World will realize more potently what, in justifiable pride and yet noble modesty, he desired to be the inscription for his final resting place on earth.

NON IN UTILIS VIXI"  
(Häehl's *Life of Hahnemann*.)

## HAHNEMANN AND PSYCHOLOGY

DR. W. S. PATRICK

Mankind has accomplished much in mastering the forces of Nature; food, clothing, houses, streets, shops, cinema, universities, hospitals—and all the thousand and one devices calculated to make life comfortable, are at our disposal. Man wanted to travel faster—and he did. He wanted to fly in the air—and he did. He wanted to see and hear at a distance—and he did. But in one particular man is still primitive; that is, in regard to his own behaviour. He has not yet abolished family discord, disease (which is often enough due to his or his ancestors' disobedience of Nature's Laws), accidents (which are often enough due to greed for speed or gain), poverty or the reverse—excessive affluence, and—industrial strife, revolution and war.



Modern psychology (quite a vogue these days—with our efficiency experts and articles on how to change Mr. Smith into a super-man), has it all classified ; we have the introvert and extrovert “type,” suppressions, repressions, compensations, projections, rationalizations, buried complexes, and we know all about how to track the demon of discontent to its lair.

Hahnemann was not only a great scientist, he was also a great artist ; and science wedded to art produces wisdom—his desire for both truth and beauty was vital enough to enable him to formulate the beautiful, truthful and lovable law of Homœopathy. He viewed man, not only from his spiritual make-up, not only from his mental make-up, not only from his physical make-up ; but as an individual, and in pointing out the way to bring harmony into man's vital economy he took into consideration “the totality of the patient's symptoms.” Hahnemann was one of those who loved his fellow men and offered a practical solution of their problems. The test of Homœopathy is that if practised according to Hahnemann—IT WORKS.

The infinitely small is a stumbling block to some. How  $1 \times 1,000,000^{10}$  of a grain or minim (with the intermediate succussions) of a noxious substance can cure by exhibiting properties of a diametrically opposite nature to the crude drug, is somewhat bizarre and fantastical even to the hardened scientist. By all the rules of the game, whether by chemical analysis, spectroscopic analysis or otherwise all traces of the original Arsenic, Rhus tox., Snake venom or what not has disappeared—there remains only the curative genius of the original drug. Perhaps a vibration or overtone imparted to the sugar of milk or dilute alcohol. Perhaps the electronic vibrations of the sugar of milk or dilute alcohol are the “carrier waves”—something that these Homœopathic “potencies” can hang on to and gain contact with the material world ! It is beyond one's ability to describe how they work. But they do work ; and the higher the potency and the nearer the similitude the greater are their psychological effect.

We all know how such emotions as fear and anger interfere with not only our digestive functions but all others. They disturb the harmony of human inter-communication. Fear causes family discord, industrial strife, war. Fear is the progenitor of hatred. Yet—"perfect love casteth out fear." And Homœopathy does this, if rightly applied—it allows that love and harmony which is inherent in each one of us, to exercise their natural prerogative. It removes the hindrances to beauty and health; just as an old masterpiece may be cleansed of the grime and pollutions of the ages by a skilled craftsman; so many humans be cleansed of their ancestral taints of psora, sycosis and syphilis, leaving the original image clear, bright and unsullied—by the work of the Homœopathic craftsman.

Hahnemann was a great psychologist—he understood human nature. He understood that man lives by the food he eats, the drink he takes, the air he breathes—and how he can be cured by the little Homœopathic triturates, dilutions or discs he eats. What a wonderful man was Hahnemann; who would have thought that common salt or the middle layer of the oyster shell, potentized, could produce such dramatic results!

To practise Homœopathy successfully, deep individualization is necessary. Let us consider one or two examples. Take for example the popular slogan "Beer is Best," without entering\* into the desirability or otherwise of the beer drinking habit, some people do drink beer to excess. Why? An inherited predisposition or just a perverse habit! Now let us look up "Desire for Beer" in our Repertory. We will find—Acon., Nux-v. and Sulph. in block letters, Bell, Bry., Cocc., Coloc., Graph., Kali bi., Lach., Merc., Nat. c., Nat. m., Phel., Puls., Rhus t., Sabad., Spig. and Stront. in italics and a lot more in ordinary type.

Evidently beer is a very popular anodyne. These people probably drink beer to excess in order to obliterate the rough spots of life. What are these "rough spots" our patient is trying to obliterate? Suppose our patient is a woman of forty-five, who cannot bear anything tight about her neck or waist,

who "sleeps into an aggravation" and who is suspicious, jealous, loquacious, and worse in the spring! In this case she probably drinks beer in an attempt to obliterate the disharmony of her own disposition. But beer (or any form of drink) is not the remedy—she must have *Lachesis*.

Another example—our patient has "Fear in a crowd." Now for this, Kent's Repertory gives *Acon.* in block letters; *Arg. n.*, *Aur.*, *Kali ar.*, *Lyc.*, *Nat. m.*, *Nux v.* and *Puls.* in italics and a lot more in ordinary type. Now suppose, in addition, our patient has hot, dry skin; is very thirsty, has great physical and mental restlessness; is full of fears and forebodings—of death, of the future; is of robust habit and his complaints (a cold, for instance) come on with great suddenness—is worse in cold, dry weather and (incidentally) also likes beer. Then, *Aconite* will probably cure.

It will be noticed that in both "Desire for Beer" and "Fear in a Crowd"; *Aconite* comes out in block letters; and from this it may be assumed that should a patient have "Desire for Beer" and "Fear in a Crowd," *Aconite* would be the remedy; but it is not so simple as this—one must individualize still further and take into consideration any peculiar trait that differentiates the patient from other people, his modalities, concomitant- and how he reacts to his environment in various ways. If one can discover what a patient fears and why he fears; what he desires and why he desires, then the battle is half won.

Just as many of our habits, such as beer drinking, are "covers" for some weakness (buried complex!); so are avarice (fear of poverty); anger (fear of weakness); jealousy (fear of losing); envy (fear of the inability to gain) and haughtiness (fear of littleness)—masks for some inherited weakness. But Homoeopathy can wipe out the underlying weakness—therein lies its wonder.

Homoeopathic remedies are capable of so mollifying the disposition of people, that they become useful citizens, live in harmony with their environment and can "carry on" in spite of their own disabilities or those of the world in which they live.

# State Faculty of Homœopathy

Conference at Writers' Buildings.

The Hon'ble Minister-in-charge of the Public Health and Local Self-Government Department held a conference of representative Homœopathic practitioners, in his office room in the Writers' Buildings, Calcutta, on Wednesday the 29th September 1937, to discuss the question of the establishment of a Council and State Faculty of Homœopathic medicine. 27 Homœopathic practitioners including most of the leading Homœopaths attended the conference.

The Conference unanimously recommended to Government the establishment of a Council and State Faculty of Homœopathic medicine on the lines of the Ayurvedic Council and State Faculty. The Hon'ble Minister explained to the conference that in the case of Ayurvedic Council and State Faculty, Government had made it clear that they were not in a position to accept any financial liability for the establishment and working of such faculties. The members of the conference unanimously assured the Hon'ble Minister that in this case also the faculty would not expect any financial assistance from Government but that the faculty may be established by Government on the distinct understanding that the requisite funds would be raised from non-Government sources.

The Conference further recommended that Government be requested to have a set of statutes drawn up as soon as possible in consultation with a representative committee of Homœopathic practitioners. The conference selected the names of 7 leading Homœopathic practitioners for this purpose and it was agreed that Government would nominate a few more practitioners to form the Committee.

The following Physicians were elected in the advisory Committee.

1. Dr. J. N. Ghosh, M.D. (U.S.A.).
2. „ J. N. Mazumdar, M.D. (U.S.A.).
3. „ J. N. Banerji, L.M.S. (Cal. Univ.).
4. „ N. M. Choudhury, M.D. (U.S.A.).
5. „ A. N. Mukerji, M.D. (U.S.A.).
6. „ B. B. Mukerji, L.M.S. (Cal. Univ.).
7. „ S. Khan, M.D. (U.S.A.).

## CONGRESS MINISTRY AND HOMŒOPATHY.

P. VENKATORAU

The acceptance of office by the congress is hailed all over the country by all sections of the people, by all organisations and institutions of all kinds. For all people believe the Congress Government will be their own Government where in their real grievances can be redressed. Our Andhra Homœopathic Association also shares the general rejoicing in this respect and welcomes the Congress Ministry. It has its own grievances to be put forth on behalf of the Homœopaths before

the Congress Governments and the redress of its grievances is an urgent matter too as it concerns the health and safety of the public. It augurs well for the people that the veteran Congressman, an eminent doctor, Dr. Rajan is in Charge of public health and his proposal to make Hygiene a compulsory subject in all schools shows his anxiety for the health of the Nation. Everyone of the ministers is known to all of us through his service to the country. Public health must be the first concern of the Government and it is a well-known fact that there is only a nominal provision for medical relief in our land. We have been representing to the Government that Homœopathic system of treatment is the cheapest and at the same time more efficacious than the other systems and as such is best suited to our poor country. We request the present Government will enquire into our statements and give this system an opportunity to prove it. The adoption of Mr. Ghassuddin's resolution in the Indian Legislative Assembly might have drawn the attention of the Provincial Governments to this matter. The Government must give every opportunity for Homœopathic System to vindicate itself. It is the only shelter for the affected poor. Hitherto the vested interests always joined hands against the system.

In particular, there is an urgent matter which the Government can attend if they have the mind. The importing of Homœopathic medicines from the other provinces into Madras is almost prohibited by unjust restrictions of abnormal duty on alcoholic dilution and the long and vexing permit system. Our association made many representations in this matter. Even a sick man, not to speak of the physician or the pharmacist, cannot obtain a dram of Homœopathic medicine without first obtaining a permit from the Excise Commissioner and cannot open it without inspection by the local Excise officer. An elaborate procedure is prescribed as a condition precedent before the infinitesimal drop of the medicine can reach the dying man's throat and this takes months to comply with the procedure and the poor patient may breathe his last before the permit is obtained. We are sure the revenue obtained by this duty on Homœopathic medicine is also infinitesimal as Homœopaths deal only in infinitesimals. We request the Government to Exempt the import of the Homœopathic medicines from this duty or at least the individual Homœopaths may be exempted from this procedure and delay.

But the Government was not pleased to do so. We request the Honourable minister for excise and the honourable minister for public health to consider this matter and exempt the import of all Homœopathic medicines from all restrictions.

## CORRESPONDENCE.

SIR,

I shall be much obliged if you will publish the following in your esteemed Journal.

Time and again the bachelors of Homœopathic Colleges have been termed "quacks" by the practitioners of other Pathy. In fact very recently there was a suggestion that steps should be taken to restrict Homœopathic practice inasmuch as it was putting a hindrance to the professional career of those who qualified themselves from Colleges recognised by the Government. I quite appreciate that there is much to be said against a certain group of Homœopathic Practitioners who have not received their training from a regular Homœopathic College, but I may be permitted to observe that our friends have never thought about those Allopaths who convert themselves to Homœopathy without having any training whatsoever from a Homœopathic College.

In my opinion such converts are worst "quacks" and in support of my contention I write as follows:—

The students of Homœopathic Colleges receive regular training from the bachelors of the Calcutta Medical College and other Allopathic Colleges on subjects, namely, Anatomy, Physiology, Pathology, Midwifery, Surgery, Biology, etc. In addition they receive a thorough knowledge of Homœopathic Philosophy and Materia Medica, etc., from eminent physicians either qualified in the United States of America or converts from Allopathy who have an unchallenged knowledge in Homœopathic subjects.

On the other hand, to my knowledge at least, I cannot find any "Allo—Homœos" who have a proper training in Homœopathy although they begin to practice some times soon after passing their final examination.

It is quite amazing that without having a proper training from a Homœopathic College either in Homœopathic Philosophy or Materia Medica (without a thorough knowledge of which one cannot become a Homœopath) such practitioners venture to practice Homœopathy for the suffering humanity.

A bachelor of a Homœopathic College has, in addition to a perfect theoretical knowledge at least in other subjects equal to the Allopaths, a very thorough knowledge in Homœopathy but such "Allo—Homœos" are an imperfect admixture of two pathies the fundamental principles of which are diagonally opposites, *viz.*, the doctrine of one is "contraria contrariis curantur" and the other 'similia similibus curantur.'

If the Allopaths have no bar in practising Homœopathy without having a regular training in subjects of Homœopathy, I fail to understand the reason why those who have received a thorough training from a Homœopathic College should be attempted to be debarred from practising no matter whether they are recognised by the Government or not

Now, however, that the question of recognition of Homœopathy is being seriously considered, I would like to draw the attention of those concerned to give the undermentioned suggestions the consideration they deserve :—

- (1) Bachelors of all Homœopathic Colleges who have received training for four years should be recognised as registered practitioners.
- (2) Practitioners who have received training for less than four years but not less than three years and who are in practice for not less than say three years should be recognised as registered practitioners.
- (3) Those who have not received any training from a College but are in practice for not less than 10 years should be recognised.
- (4) Converts from other pathies must have to take a regular training from a Homœopathic College on Philosophy and Materia Medica, etc., before they are allowed to practice Homœopathy.

Yours faithfully,  
R. P. BANERJEE.

## **Allium Sativum in Pulmonary Tuberculosis.**

G. Cavazzani states that he has for the last two years used garlic in the treatment of pulmonary tuberculosis in the civil hospital at Venice and in his private practice. Garlic, according to his investigations, may be given in the crude state or prepared. From 4 to 6 grams of the substance in a moderate state of desiccation may be administered daily. It should be given in divided doses, and in such a form as to remove the only possible cause of intolerance—namely, the taste. He continues the administration for a long time, but marked improvement in cases amenable to the treatment are manifested within the first month, sometimes within a few days. His own experience extends to more than 100 cases, and, with the data supplied to him by various professional brethren, his material amount to more than 200 cases. Among them were examples of every stage of disease. Leaving aside some quite exceptional cases, all were improved by the garlic. In some the amelioration was so marked as to induce hope of a cure, every morbid symptom recognisable by the most careful examination having disappeared. Incipient cases are, of course, the most favourable, but excellent results were frequently obtained even in cases presenting well marked symptoms of the second stage. These results were observed not only in hospital but in private practice, where the beneficial effect could not be attributed to improvement in hygienic conditions. In all Cavazzani's cases the clinical diagnosis was confirmed by the bacteriological examination of the sputum. The improvement begins with a diminution both in frequency and in quantity of the cough and expectoration within the first days of the treatment; often the sputum from muco-purulent becomes purely mucous on the second or third day, probably by the antiseptic action of the volatile oils in the garlic. In favourable cases expectoration ceases altogether after a time. The physical signs are modified with greater or less rapidity according to the more or less advanced stage of the disease and the extent of the morbid process. The temperature often becomes normal, night sweats cease and the appetite almost invariably improves; weight is gained and sleep becomes regular. Hæmoptysis in all the cases observed by the author and his friends had ceased without the use of any other remedy. The author has not found the garlic cause any disturbance of digestion.—*Brit. Med. Journ.* June 30, 1900.



# THE HILL STATIONS OF INDIA AS HEALTH RESORTS.

*An Address Delivered to the Balneological and Climatological Society, May 30th, 1900.*

BY SIR JOSEPH FAYRER, BART., K.C.S.I., M.D., F.R.S.

I think I can hardly better fulfil the mandate of your esteemed President, Dr. Ivor Murrery, to give an address to this Society than by inviting your attention to those mountain regions which play so important a part in the social and physical economy and well-being of our countrymen in India, and which, under the designation of hill stations, are familiar, by name at least, to all who have any knowledge of the conditions of life in that country.

## POSSIBILITIES OF ACCLIMATISATION.

I propose to consider them, not merely in reference to the treatment of disease and convalescence, but also as resorts in which the European may preserve his health and avoid the physical deterioration which inevitably results from protracted residence in the plains, and where, indeed, it seems even possible that he may take root, thrive and propagate his race, a subject of ever-widening interest to our rapidly-increasing population, and for which there are grounds for belief that prospects of success are not altogether unfavourable, though so far no conclusive proof is forthcoming. Past history shows, however, that colonisation by the unmixed European race in the plains of India is impracticable. In the very rare instances in which the third generation has been reached it had evidently attained its utmost desirable limits, whilst of the Portuguese who preceded us no descendant unalloyed by native blood can be said to exist.

## PHYSIOGRAPHY OF THE INDIAN PENINSULA.

Before describing the hill stations let me recall to you briefly some of the physiographical characters of the great peninsula in which they are situated, and the climatic and physical attributes which so largely influence the conditions of European life in India.

The geographical position of British India, part within the torrid, part within the temperate zone, with the Bay of Bengal

## THE HILL STATIONS OF INDIA

on the east and the Arabian Sea on the west, its physical characters, comprising lofty mountain ranges rising in the north to the abodes of eternal snow, elevated plateaux and deserts, nobles rivers and estuaries, vast plains formed by their basins and deltas, extensive forest tracts, jungles and swamps invest it with peculiar interest from climatic and hygienic points of view, especially as regards the alien race who now control its destinies and to whom its future development and welfare seem to be committed.

India proper is a vast triangle with its apex at Cape Comorin and its base in the Himalayas. Its extreme length is 1,900 miles, its breadth at the base about 2,000 miles. It is situated between the 66th and 104th meridian of East longitude and the 8th and 35th parallel of North latitude. It is over 1,250,000 square miles in extent, contained within a coast line of about 4,000 miles and a land boundary of over 5,000 miles. The natural divisions are :

1. The Himalayan and Sub-Himalayan region.

2. The Indo-Gangetic basin and deltas.

3. The peninsula proper formed by the elevated plateau of the Deccan bounded on each side by the Ghats and the littorals between them and the ocean.

The Himalayan range extends for about 1,750 miles crescentially, N.W. and S.E., with a breadth of from 150 to 250 miles. The main height is from 16,000 to 20,000 feet, and there are several high points, among them Kinchinjunga 28,176 feet, and Everest 29,003 feet, the highest measured peak in the world. The Sub-Himalayan region consists of ranges separated by broad valleys, bounded in part on the south by the Siwalik range and the Terai. It is in the lower ridges of this range of hills, at elevations up to 7,000 feet, that many of the hill stations lie.

The Indo Gangetic plain or Hindostan proper which separates the Himalayas from Southern India, forms the richest and most populous part of the empire. The great rivers Indus, Ganges, and Brahmaputra water this region and contribute to its formation.

Tropical or Peninsular India is bounded on the north by the Vindhya system of hills, consisting of various ranges from 1,500 to 4,000 feet, which extend for nearly 800 miles from east to west, and include also the Aravalli, Kaimoor, Satpura, and other ranges. The Eastern Ghats form rather a descent from the plateau to the littoral than a distinct mountain ranges. They extend along part of the east coast with an average elevation of 1,500 feet and occasional high peaks, with broad tracts of level ground between them and the ocean. The Western Ghats extend from near the Tapi river on the west down the coast to Cape Comorin, with a average height about 3,000 feet, ascending to between 4,000 and 5,000 feet, as at Mahabaleswar. Between these three ranges the peninsula of India is raised into the plateau of the Deccan. It has an elevation of from 1,000 to 3,000 feet, a region of open valleys and easy slopes, with isolated peaks here and there, and ranges of hills, of which the most important are the Nilgiris, whose highest point is Dodabetta, 8,760 feet.

There are two great slopes of drainage, into the Bay of Bengal on the one side and the Arabian Sea on the other. The Bay of Bengal receives the Ganges Brahmaputra, Mahanaddi, Godavery, Kistna, Cauvery, and others, whilst the Arabian Sea receives the Indus, Nerbudda, Tapi, and some other.

#### CLIMATE AND SEASONS.

These geographical and physical characters involve many varieties of climate, and between Northern the Tropical India, according to latitude, elevation, and other physical attribute, every degree of difference in temperature, humidity, or dryness is found.

There are three distinct seasons in India—the hot, the rainy, and the cold—which vary in time of setting in and in duration according to latitude, elevation, and other physical conditions. Approximately the cold season extends from November to March the hot from march to June or July, and the rainy from that to October, these seasons being greatly influenced by the monsoons.

## THE HILL STATIONS OF INDIA

The monsoons, which do so much to determine the conditions of climate and health as well as the production of food, the result of the northern flow of currents of air bearing moisture from ocean, as the S.W. monsoon, and again their reflux, as the N.W. monsoon, which also brings rain to Southern India. In both cases they are more or less deflected or modified by the physical conditions of the country over which they pass. The S.W. monsoon is the great carrier of rain to the whole of India. Saturated with moisture, it deposits it in the form of heavy rain upon the Western Ghats, where it first impinges and where the greatest amount falls ; but passing over extensive tract of desert land, it deposits very little rain until further north, when, on impact with the Himalayas a large fall takes place. For example, at Mahabaleshwar in the Western Ghats 300 miles of rain fall in the few months of the rainy season ; and again on the N.E. frontier, in that prolongation of the Himalayas into the Aracan Yomas, on the plateau on the Khasia and Jyntea hills, at an elevation of 4,500 to 6,000 feet, the at Cherra Poonji, 4,200 feet, the large amount of 600 inches falls, the largest rainfall known in the world ; whilst at the corresponding latitude on the west, in the desert of Sind and Rajputana, there is almost no rain, not that the air is not charged with moisture, but that the conditions of condensation do not there exist.

### HILL COLONIES.

In such a variety of climates and different elevations, with great swamps and deltas on the one hand, and arid, dry, sandy plains on the other, with an almost universal presence of malaria and great solar heat, all those conditions exist which gives rise to the well-known forms of tropical disease, render the plains of India unsuitable to be the permanent home of the European and emphasise the expediency of seeking sites in the more elevated regions where Europeans may find immunity from them. Many such stations have now become health resorts, of

which the advantages are very great, not only in preserving the health of those yet unaffected by the climate of the plains, but for invalids who, without being the subjects of organic disease, have suffered from the wearing effects of climate and work, and in some cases for those convalescent from certain tropical diseases, thus obviating the necessity for long and extensive voyages and prolonged absence from duties.

In considering the question of hill stations, it is to be remembered that the welfare of upwards of 100,000 Europeans is concerned. A very large number of these are destined to spend a great part but not the preservation of their health and vigour to utilise those localities in which this object may be to so great an extent attained. The search for an adoption of others and the endeavour to improve by sanitation or by any other means the condition of those now existing, have always seemed to me worthy of the attention and consideration of all interested in the welfare of the community.

In some of the hill stations, more especially those to the south, at elevations between 4,000 and 7000 feet, a certain number of Europeans have settled; but sufficient time has not elapsed to show how far this commencement of colonisation may develop and ultimately succeed. For those who have assured means of living and who are not solely dependent upon their professions or labours it seems probable enough that the results may be satisfactory. It also seems possible that the various industries connected with tea, coffee, and cinchona planting and minerals may afford the means of subsistence, notwithstanding the competition of native labour, and so in time European communities of considerable extent may arise and flourish, producing men fitted to carry on works in the plains, returning at intervals to their homes in the more elevated regions. But this remains to be proved.

(To be continued)

# Aetiological Factors In Diabetes

[DR. NALINIRANJAN SEN-GUPTA, M.D. (CAL.)]

In discussing the aetiological factors, I shall scrupulously refrain from discussing anything except general facts and leave the metabolic and other portions for my successors to discuss and deal with.

Diabetes is pre-eminently a disease known to the ancients as well as to the moderns, references to it being found in a rather obscure way in Biblical times as well as in the much earlier times of Charaka and Susruta. Ayurveda describes the disease as 'Modhumeha.' The classical symptoms of polyuria of thirst and passage of sugar in the urine were as well known then as now. The presence of sugar in the urine was described in Europe in the 17th century for the first time. What actually leads to a breakdown in the sugar metabolism, however, is still largely a matter of conjecture.

It is a truism to say that if you eat more sugar you are likely to pass it more than if you don't. A person, who is an overeater, is therefore a very likely victim of the disease. The gourmand is a joy to watch, he has been the envy and despair of dyspeptics all the world over, while to-day, although he is just as often the butt of ridicule, if he happens to be heavy about his equator, he is still respected for his gastronomic talents. If he takes sweets and sweets in abundance diabetes is a probable sequence. If he takes too much of carbohydrates he may develop diabetes though it is not so invariable a sequence as is generally taught. If he takes meat and fats in excess he is still liable to become diabetic, in some respects even more liable to develop diabetes after rich protein and fat diet because such diet lowers glucose tolerance (Himsworth). I will add a rider: A slightly raised blood glucose figure is not always a disadvantage. It will help you to carry on longer

without exhaustion than people with the usual figure. It is a question whether endurance feats performed in this country may not be connected with this fact, *viz.*, the hyper-normal blood sugar content commonly found in Indians.

Overeating taxes all the resources of the pancreas. The pancreatic secretions are poured out into the gut to digest this excess of foodstuff. If this goes on day in and day out the pancreatic gland is exhausted and dyspepsia sets in, or alternatively the islets may suffer. As I said some years ago the islets are placed in the pancreas and they must have some relationship with the duct cells of the gland. Just as Steinach's operation for rejuvenation limiting the outflow of the external secretion of the tests, stimulates the internal secretion of the gland, similarly, diminution of strain on the external secretory function of the pancreas strengthens the internal secretion of the pancreas from its islets, *i.e.*, increases the production of insulin. Starvation therapy is, therefore, beneficial not only because it limits the demands on insulin but because the pancreas, has to digest less in the intestines: its external secretory function is, therefore, less taxed and its external secretory function *viz.*, of insulin is strengthened.

I must add that the glutton does not necessarily become a diabetic. There are other ways in which the overloaded system may give vent to its wrath—high B. P. for example, and why one overeater becomes a diabetic while other becomes a victim of hypertension is a point which has not been satisfactorily cleaned up and which I leave to my successors to tackle.

#### WANT OF EXERCISE

After overeating, want of exercise or rather want of physical work is a very important factor and even normal quantities of food in a sedentary person have a more disastrous effect than even over-eating on a hard working person. If our food gives us 3,000 calories, our basal requirements are 1,800, we must work to burn up the balance of 1,200 calories. When we do not do it we deliberately invite accumulation of fat and also naturally a tendency to diabetes.

## OBESITY

If either overeating or want of exercise is present and certainly when both are combined, they encourage obesity as they tend to diabetes. Although we are not prepared on our own experience to attach the same overwhelming importance to obesity that modern authorities, notably Joslin, is doing, it may safely be said that obesity being often the result of overeating and sedentary habit—which again are forerunners of diabetes—is a most common factor associated with diabetes. The obese has our sympathy but it must be admitted that with every lb that he adds to the body he is increasing the weight on a bony, ligamentous and muscular structure designed to support, say 9 stone, and which may by his injudicious living be raised to 15 stones, he is making himself liable to osteoarthritis, he is increasing the work thrown on the kidney, he is upsetting his basal metabolism, he is increasing his B. P. making himself a poor surgical risk, lowering his resistance to some infection, embarrassing the myocardium and is increasing hundred-fold his chances of getting diabetes. In the “himansthan” chapters of Charaka you will find beginning of all diseases traced to obesity.

## CLIMATE

A warm climate is said to be injurious and promotes diabetes. Indeed, Bussét Smith has stated (B. M. J., July, 1926) that tropical heat induces retention of CO<sub>2</sub> in alveolar air and predisposes to diabetes and acidosis. A damp climate to my mind is definitely more deleterious.

You may parallel the findings in Calcutta of how atmospheric humidity changes the pH. ion of the intestinal tract and induces duodenal dyspepsia.

If these findings are accepted it certainly means that the climate has a great influence on the disease. We often notice that a change to Darjeeling or Shillong is beneficial to our diabetics.



It is possible that a warm and humid climate may produce acidosis and hyperglycemia indirectly by inducing lethargy and want of exercise.

### MENTAL EXERCISE

Joslin quotes one of his patients as saying "mental work makes sugar and physical work breaks it." This is very apposite and explains the high incidence of diabetes amongst certain classes of our countrymen, who do a great deal of mental work and too little of physical work. It is very true of Munsiffs whose work is only mental and sedentary and who certainly suffer more than their colleagues in the parallel service such as Deputy Magistrates, who combine executive and judicial functions and who often have outdoor work to do.

### MANUAL LABOUR

What an important part occupation sedentary habits and want of exercise play in inducing diabetes is shown by our day labourers and our village cultivators who often take  $\frac{1}{2}$  seer of rice each time (if they can afford even this so much) and live year in and year out in the humid climate of Bengal and they should be the first victims. A physician's consulting room in Calcutta is not the best place for collecting statistics of incidence as our patients are not drawn from these classes at all. However, in 3 years, I saw only 2 cases of diabetes in poor rural workers, one in a boatman and another in a cultivator. In these the urinary sugar actually touched 7 to 8 per cent. But such cases are rare indeed and it is very uncommon for a cultivator with one seer of rice as his daily diet to get diabetes though he takes little or no protein or fat to balance his diet.

Similarly, the Japanese are said to have a low incidence of diabetes. Their diet is largely made up of cereals. Rice and barley prepared in different ways form their principal dietary, and meat-eating is unknown in the unsophisticated Japanese. So much so that we have read how even at the present day there are many villages and towns without an abattoir at all.

Fish is the only animal food taken, not again in any excess except for the very rich and well to do. Milk is also not a favourite article of diet with Mongolian races anywhere. If the Bengali diet predisposes us to diabetes, surely Japanese diet, largely carbohydrate in nature, should be still more so and yet Japan is admittedly a land with a low diabetic index. Therefore as we have said, though carbohydrate diet is a factor it is not the sole one, not even the most important one and a little enquiry would give the quietus to attempts at foisting all the ills that we are heir to, to a largely carbohydrate diet.

### HEREDITY

The incidence of diabetes in childhood, cases occurring as early as 5 years, even 3 years (Dr. Bose mentions an infant patient 16 months of age) indicates some other factors more dominating than over-eating and over-weight. Slowly but surely it is coming to be recognised that heredity plays a very important part. That is a very important fact which we can largely verify in our practice. Heredity is certainly a very common cause. Again and again we have noticed that a diabetic as soon as he discovers he is passing sugar remembers that his father used to do so, or his grandfather and so on. This is very common and I would ask you further if you are interested in the subject to ask your patients' family history and you will generally find diabetes sure enough. Even if you don't find diabetes a history of high B. P. in the family will be pretty likely.

If you admit heredity as an important factor, you at once admit the partiality for certain races, *viz.*, Jew, 'Bengalee Frenchmen in Normandy and so on because in these races once you admit a high incidence for some cause, heredity will continue the diabetic incidence through generations.

What again is the tendency, this hereditary bias (which practically makes it a racial bias as well) made of? Is it an inherited weakness of the endocrines, an inherited weakness of the sympathetic autonomic system or a weakness of pancreas alone? What is it?

## IS THERE A NERVOUS FACTOR?

Modern civilisation tells unequally on different people. It is many years since Barker called attention to this in discussing hyperthyroidism in the behaviour of a frightened animal. Something startles the animal in the jungle, up goes the hair, the ears are straightened out, the eyes protrude, the limbs tremble, his heart begins to beat fast, the B. P. is raised —typical example of thyroid in excess simultaneously with mobilisation of adrenalin and pituitary and other, kata-endocrines; sugar and calcium are poured out into the blood, ready to be expended on the animal's reaction to the fright, flight and fight. Whether the animal fights or runs away he will want all the sugar, readily mobilised. Every such shock and emotional strain of the nervous system floods the blood with sugar but is accompanied by some exertion on the part of the animal, which expends the mobilised sugar and other elements. The caveman was probably similarly placed with no restrictions and no frustrations. If he disagreed with his neighbours he would club them angrily, or run away if he got the worst of it in an encounter. But civilised man stands in a different category. When he is insulted in 9 cases out of 10 he will not hit his opponents at all. Civilisation will not permit him to do so. He may not even use strong language, he will be ostracised from society if he does so. The mental reactions, however, are just the same. Every time you are beaten in the struggle for existence defeated at an election, or some one is preferred over your head for a job you get as angry as possible. Your heart thumps; you would, if you were a caveman, club your rival on the head and be done with him and spend the mobilised sugar in the process of clubbing. But modern civilisation would let you have none of it. On the contrary, next time you meet him in the street, you will have to put on your most suave smile, wish him a most happy morning and pass on. The emotion does its work internally but is unable to find expression. Frustration or repression is the very essence of modern civilisation which has to make us

appear better than we are instead of making us really better than we have been. In civilised life, the emotions are many, stresses continual, while the physical reactions permitted are few. Excitement anger, fear, jealousy and desire which modern conditions of civilised life impose on us, the constant and unceasing struggle for existence, with its intense and ever-increasing keenness, the race and class and communal wars are provocative of intense emotional reactions without corresponding Physical expenditure of energy which we, with our long heritage of quiet and peace and serene renunciation, are all the more unfitted to bear.

The result is a wear and tear which some constitutions are able to stand while others are not. The result is sometimes hypertension and in others hyperglycæmia. Thus, Folin found that medical students, before and after examination—out of 34 students 6 developed sugar, one already had sugar, but 5 more developed sugar temporarily after the examination. There is no doubt that this temporary appearance of sugar is likely to be permanent in these people after stress and strain. But all are not equally affected. It is here that heredity comes in. Some people inherit endocrines which are able to stand these repeated shocks while others are not.

### PATHOLOGY OF FRUSTRATION

To sum up, therefore, we have three important lines of action:—(1) Heredity, (2) overeating, specially of carbohydrate. (3) modern civilisation which facilitates want of exercise. Overeating without physical exercise, emotion without physical expression—these may be summing up of civilisation.

Mr. H. G. Wells has been writing lately on the Anatomy of Frustration. I would put diabetes as due to the Pathology of Frustration—diet without physical work, emotion without physical expression.

Here I may refer to something which Joslin has said in this connection. Joslin denies the importance of worry and nerve strain in the production of diabetes. He quotes Von Noorden who apparently supports his ideas and cites as proof the rarity of glycosuria in soldiers returning from the Great War, although rare cases of diabetes after acute nervous shock are acknowledged. With all deference to Joslin we must say that it is very crude logic. Soldiers are undoubtedly exposed to severe mental strain, but they do not suffer from what we have described as frustration. In these cases severe nerve strain is accompanied by severe physical strain, and very often under-nutrition factors definitely outweigh the nerve strain factor. They can allow their emotions to find expression in work, fight or flight. Hatred, fear and anger are there no doubt but instead of being repressed as they are in civilised life they are allowed full play. So much so that the act of killing, which is so revolting to civilised man in civilised surroundings, and for which the law enacts the highest penalties, becomes the normal occupation for the soldier. In short, war takes man to a large extent back to primitive surroundings where physical expression of emotion is possible, even encouraged, leisure is negligible and the diet is not over-abundant. As we now already, in the primitive man, diabetes is almost unknown.

The fallacy of Joslin's reasoning will be apparent if we press the matter further. 800 million people in Asia live on rice. If we think of the greater part who live in villages, diabetes is negligible amongst them except among certain urban and leisured classes. If we argue as fallaciously as Joslin has done our decision would be that carbohydrate diet has nothing to do with diabetes. But the fact would be that carbohydrate diet is a factor though other factors are essential for the production of hyperglycæmia.

(To be continued)

# Clinical Record

Cases by DR. BRAJENDRA NATH BANERJEE, M.D.

1. *A Case of Opacity of the Cornea.*—A lady, aged 25 years, after an attack of ophthalmia came under my treatment in October 1893 for loss of sight in both eyes from opacity of the cornea. The lady was of scrofulous constitution, having enlarged glands in both sides of the neck as well as otorrhœa of both ears.

I put her at once under Calc. carb. 30, thrice a week. In one month she was so far better that she could see objects before her though dimly. In three months the opacity in both eyes entirely disappeared. The running from the ears also ceased entirely, but the enlarged glands in the neck though diminished in size did not disappear altogether.

2. *A case of Scrotal Tumour.*—A resident of Calcuttolla of this city had been suffering from a large scrotal tumor. The whole tumor used to get inflamed once every month during the time of the full moon. In this way month after month the tumor was increasing in size.

He came under my treatment in January 1891. He was sober and regular in his habits and in other respects very healthy, having suffered from no other complaint since his youth. I gave him *Hydrocotyle Asiatica* 3, twice daily. He did not report to me for six months during which he was taking *Hydrocotyle* regularly twice daily. The size of the tumor had decreased to half its size, and from the time he commenced to take the medicine the periodical fever ceased to appear. He could now walk easily and attend to his business without any inconvenience. I asked him to continue the medicine twice a week and report to me after a month. He did not see me till after two years. He said he has not derived any further benefit, and I found the tumor of the same size as when I had seen it two years ago. I did not prescribe for him as he was unwilling to continue under my treatment.

3. *A Case of Loss of Memory.*—Babu——, an attorney, came under my treatment in April 1893. The previous history of the case showed that ten years ago he had contracted syphilis and had eruptions all over the body.

When I first saw him he looked very healthy and had no marks left on his body. His only complaint was loss of memory and incapacity to remember proper names.

I gave him Acid Nitric 6, once daily for a week. On my second visit I was glad to notice substantial improvement. Within three weeks he reported himself all right and I discontinued treatment.

It is well here to state that he never took mercury in any form and had no salivation. He had taken some root for a week for the cure of his syphilis.

4. *A Case of Diarrhœa:* A lady, aged 45, who had morning diarrhœa for two years, came under my treatment in May 1893. The stools were green or sometimes greenish yellow, thin, watery, and passed only in the yearly morning. There used to be three to four stools by 8 A.M. and none during the day or night. There was the urgency of Sulphur and Aloes, but no burning or rumbling of the last named medicine. Natrum sulph. 30 twice daily, cured her in a couple of days. The diarrhœa has not since returned.

*A mild Case of Epilepsy* cured by Calcarea carb.

Under the care of DR. MAHENDRA LAL SIRCAR, M.D.

J——, aged 13 years, suffering from epileptic fits from the latter end of July last, came under my treatment on the 19th September 1894.

*Previous history.* The boy had resided for sometime at Chandpur, a sea-side watering place on the Midnapur coast of the Bay of Bengal. Here he used to take sea baths, and he used to bathe also in a dirty tank. The tank water after boiling was used for drinking purposes as well. A few days after his return from Chandpur, eruptions like boils, appeared on his thighs and arms. The parts used to itch and subsequently became hard and red. A medical practitioner gave

some lotion for application to the parts. After its application the eruptions disappeared for a short time, but appeared again attached with fever. One of them formed an abscess and burst; but the eruptions continued to appear off and on. After a few days the skin began to fall off from both the hands in scales. He began to have headache at the same time. The skin of the feet also began to fall off. It was about this time that the fits made their appearance and were of a very mild form. There no convulsion; there was only stretching of the hands and feet before and after a fit. The eruptions disappeared after a few doses of some homœopathic medicine but the headaches increased.

*Present Symptoms.*—The fits come on usually during the day time and rarely at night. Only twice during two months he had fits during sleep. Before the commencement of the fit he has a sensation of laziness with yawning (गतिहीनता व हाईडाना). During the fit there is only slight groping, but consciousness remains so that he can answer questions asked at the time. The fits end with jerks of the head towards one side or the other. In the beginning he used to ask those near him to press his temples, but now he would not allow any one to touch his head, as it was unpleasant to him. He grinds his teeth during sleep and has involuntary startings.

20th.—September 1894. *Bell*, 30.

22nd.—The fits were not less. One peculiarity that was observed was that the boy was all right so long as he was out of his house, in the open air, either driving or walking about. *Puls* 30.

25th.—Fever since yesterday evening. His cough and a pustule in the left lower lid near the inner canthus. He had taken some plantain custard yesterday. *Hep. sulph.* 6.

28th.—No fever. Fits more frequent during sleep. *Sil* 12.

27th.—No marked improvement. *Cal c.* 30

28 h.—From the day of the administration of the medicine the child began to improve, and a few days after information was received that he was doing well. The subsequent report, after a month, was that the child was cured.



# HEART REMEDIES

DR. GEORGE MCGEORGE, M.D.

Camden, N. J.

*Continued from our previous issue.*

In any cardiac lesion, when the patient complains of numbness in the left arm and tingling in the body, aconite should be thought of. If with these symptoms, there is fear of dying, or apprehensiveness, "we have the three legs for the stool to stand on," as Constantine Hering, used to say. It is said to be good in cases of uncomplicated hypertrophy, but in my experience arnica is the better remedy, and will complete the cure. In every case of hypertrophy I have examined, there has been soreness to a greater or less extent, but not otherwise. If the cause could be traced to a fright or mental strain, aconite might be considered; but in my judgment hypertrophy results from a physical and not a mental strain. Arnica and thus would be the remedies to select from.

In all cases of valvular trouble, if in doubt at your first examination, give aconite, and the mental ease it will give the patient will win his confidence. In many of my cases, aconite cured up the whole train of symptoms. When it does not cure the organic trouble it quiets the nerves, calms the patient and gives you time to hunt the similimum. Losing their fear of death, they gain confidence in the physician and in this way aconite helps you in the cure of your patient.

Professor Haines teaches his students that aconite 2x, given early in acute endocarditis will cure the case and prevent valvular lesions. I have just verified this statement in a patient who is recovering from an attack of acute articular rheumatism without an increase or aggravation of her old valvular trouble. In a previous attack four years ago, she nearly died from endocarditis that suddenly developed soon after my daily visit, and from failure of her nurse to report at once, suffered nearly twenty-four hours before I saw

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her again. She eventually got up, but made a slow recovery. This time aconite has always been in the house to give her when the pain involved the heart, and she convalesces without any new valvular lesion, in fact the insufficiency is less than it was before this new invasion of rheumatism.

In acute pericarditis with extreme pain and fear, aconite will quickly quiet the heart and relieve the pain. In this disease, as in all other cardiac troubles, the remedy should be administered without unnecessary delay. I frequently give it every fifteen minutes until the patient sweats and I rarely have to give it more than an hour to accomplish this end.

There is one special form of cardiac disease that I consider aconite a specific remedy for, and that is the essential paroxysmal tachycardia. Babcock gives a nice description of it, but admits he has never been fortunate enough to see a patient in a paroxysm. I have seen four patients during the paroxysms, seeing two cases within twenty-four hours. These attacks came on suddenly, sometimes without any warning and like other spasmodic trouble, sometimes recover without treatment, but frequently have a return. In my cases, where aconite was administered during the paroxysm there has been no return. Let me recite some of these cases

Case I. A musician, who had been rehearsing in an orchestra dropped his music sheet off the stand and in stopping to pick up the sheet, was suddenly taken. He waited five minutes, and getting no relief, came to my office. He was nervous and frightened, his pulse ran up two hundred beats in a minute, the fastest pulse I ever counted. I gave him aconite 50, one dose, told him to sit down and take a long breath, and while writing down his symptoms, the paroxysm suddenly subsided. "There it is gone," he said, and was apparently as well as ever. This was on Sep'. 18, 1908, and although I have seen him since then, he has had no more attacks. The patient was forty-three years old, and had been under my care, at times, for cardiac trouble for a few years,

but heretofore cactus was the remedy that did the most good, except one time two years previously, my records show he received aconite 30, because he complained of so much tingling in his limbs.

The suggestion to take a long breath, was for the purpose of taking his mind from his heart, and concentrate it on his lungs. The aconite was given because of the fear he expressed in his face. Babcock suggests ten minims of digitalis every hour for six hours, and then if not relieved, try something else. As possible exciting causes he names "a blow on the chest, fright or other strong emotion, and a sudden physical effort." In this case the patient told me the players were crowded together, and when he stopped to pick up his music sheet he had to squeeze in between two music-stands.

Case II. On Sept. 19, 1908, in the evening I was called to see Mrs. N.—who was troubled with her heart. On examination I found her nervous and with pulse running up to 180. She had had the attack over an hour when I first saw her. She had ridden ten miles in an open wagon with her husband, from the shore to Egg Harbour, then fifty miles in steam cars, arriving home quite late. She had eaten heartily of some cold roast beef and later some pineapple, and in addition to the tachycardia she felt uncomfortable in her stomach. Aconite 30, took away the nervousness, lowered the pulse some, but the relief was only partial. As she complained of more distress in the stomach, but could not vomit, I gave her ipecac 30, and as soon as her stomach was relieved she got some more aconite, and improved in a few minutes, but it was a full half hour before the paroxysm subsided, and the pulse became normal. Further questioning brought out the fact that she was subject to these spells, and sometimes they went off without any medicine; the time it did not, and she was afraid she was going to die, when they sent for me. Aconite relieved her, but I could not get the confidence of my patient, she would not take a deep breath, and when her pulse became normal, she was so weak she had to lie down. I think the indigestion complicated this case.

## HEART REMEDIES

Case III. A young girl, sixteen years old, was brought to my clinic a few months ago. She was so frightened she could scarcely speak, her pulse was 180 and steady, and she was afraid she was dying. I had her sit down, gave her some aconite and began speaking to the lady who came with her. I told the girl to take a long breath, but she was too frightened. I spoke something to her, told her she would soon be better, gave her another dose, then she took the long breath, jumped up and said the pain was gone. I kept her under observation ten minutes longer but there was no return of the paroxysm and I dismissed her. I have seen her several times since, but she had no more paroxysms of tachycardia. She had no organic trouble.

Case IV. This was an anomalous yet and interesting one. The patient, a lady seventy-three years old, had been an invalid for thirty-six years. She first had acute rheumatism of the joints, then endocarditis resulting in mitral insufficiency. Later she had rheumatoid arthritis, and last of all, arthritis deformans. With all these sufferings she was an uncompaining Christian woman. I had attended her occasionally for three years. On April 29, 1910, I found her suffering with tachycardia, the pulse ranging from 170-175, with some difficulty in breathing. She was nervous from the palpitation, as she called it, but while her heart went so fast, she was entirely free from pain in all joints, and could move her fingers so much better than usual. Aconite 30, in water, a teaspoonful every five minutes, relieved her in twenty minutes; in forty minutes the pulse had become normal, and the pain in her joints all returned. In an hour she was as well as usual.

On May 1, early in the morning, she had a cerebral hemorrhage, and lost the use of her left side. Nux 30, overcame this for a time, but in ten days she had a severe attack, and never regained the use of her left side. A month later, she was removed to the West Jersey Hospital where she remained till her death on March 14, 1911. Three times in

the hospital she had paroxysm of the tachycardia, which aconite 30, always controlled. sometimes in ten minutes, once in half-an-hour. Whenever she had a paroxysm, she was free from pain, and she regained some control of her paralyzed side. When the tachycardia left her, the pain returned. At the last, she died from catarrhal pneumonia.

In closing, let me remind you, that no matter what name you give to the pathological condition, as true homœopaths prescribe for the patient, and for the disease.—*The North American Journal of Homœopathy*, December, 1911.

## The Homoeopathic Diet

By BENJ. C. WOODBURY JR., M D., Portsmouth. N.H.

"She also present me with a paper, in which the different kinds of food, vegetables, seasonings and odor, which antidoted the effects of homœopathic remedies were enumerated. After cordially shaking hands with the kind old man and his talented and exemplary wife, I bade them good morning. One of the domestics in attendance conducted me down stairs, and handed me into the carriage; and I drove home, passing along a file of coaches, stretching from Hahnemann's door rather further than I could venture to mention and expect to be believed." (From A Sketch of Hahnemann and His wife, by Helen Bukley, *North American Jour. of Homœopathy*).

The natural query, after reading this most entertaining recital of a professional appointment with Doctor and Madame Hahnemann is, how many of our modern physicians are really following these careful directions known to have been so successful in the practice of this great Master of Healing Art? How many of us are sending our patients away with this carefully prepared bill? How many of us have as many patients to send away? Undoubtedly, as is often the case with the propounder of a new doctrine, few of his followers

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are enabled to equal him in success. However without doubt much of Hahnemann's great success came to him as the result of long years of most careful observing of the sick from many standpoints. His exhaustive study of the chronic diseases, mastered only very late in life undoubtedly contributed largely to that success, but most of all should we give careful attention to his care in the direction of his patient's regime. That this great thinker was most mindful of the importance of these subjects there can be no doubt. And as careful study of his writings will reveal, nothing in the way of fresh air, bathing, hydrotheraphy, proper exercise as well as the removal of any possible dietetic errors, was by any chance neglected. Such subjects as these and many others of profit, may be reviewed in the Lesser Writings.

The writer has recently pointed out the necessity of the establishment of carefully directed Chairs of Dietetics in our Homœopathic Medical Schools. (New England Medical Gazette, November 1911) Didactic instruction coupled with properly conducted laboratory experimentation might make possible the carrying out such scientific FOOD PROVINGS, much in the same manner that the drugs of our materia medica were carefully tested upon the healthy, human body. By such methods, not only could we demonstrate a priori not only what dietetic or other hygienic error if any had been committed in each case of sickness, but also should we thus be enabled to apply with greater celerity the proper hygienic and remedial measures. By such methods of study we might establish scientifically the relationship between the disease-complexes of all acute conditions insofar as they are of dietetic origin; and be able to adduce without doubt, palpable and definite evidence of the etiological factors of certain as yet little understood chronic nutritional diseases. In such a department of medical education could be tested all the various food products, first singly, somewhat in accordance with the method advised by Hahnemann for experimental drug testing; then in combination, according to caloric,

physiological and nutritional values. Here might also be tested the variously combined mixed, meat, vegetable, cooked or raw food diets. Here might be ascertained as well the comparative value of combinations of fruit and nuts vegetables and meat, the food values of cereals, meat, nuts, and fruits. Careful nutritional values having been ascertained, corresponding deductions could be drawn as the correct manner in which such foods should be prescribed. The correspondence between animal and vegetable foods would then be more clearly understood, as well as the relative values of proteids, fats and carbohydrates. Here could be accurately tested the various methods or effects of fasting, moderation in eating or gormandizing. Thus might be ascertained the positive effects of foods in health; from which may be deduced their indications in health and disease.

The early followers of Hahnemann were for long said to achieve their remarkable success by their care and attention to dietetics. So rigid were these directions that they were in many instances only with difficulty carried out; therefore the "Homœopathic Diet," as a specific method of procedure fell gradually into more or less disrepute even among its own practitioners. Many of them were not only averse to carrying out these directions themselves, but to imposing them upon their patients. Hence the toleration of many dietetic evils, in the practice of an Art, which should have by its far-reaching grasp of medicine been so searching as to carry this stronghold as well; thus liberating man from the scourges of digestive, nutritional, and other disorders which may lead in their finality to immorality, psychic and mental disorders, organic diseases of various kinds, poverty, crime or premature death. The revolt at this strict regimen, has long since reduced it to the point where with many physicians it seems to be wholly a matter of diet along strictly orthodox lines, among others, total indifference as to what their patients consume, or among still others careful attention to diet analysis according to the lines laid down by Hahnemann.

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As long ago as 1861, the revolt seems to have been quelled, and Hahnemann and his "Homœopathic Diet" routed from the field. For we find the late Dr. Angel writing as follows in the North American Journal of Homœopathy: "Ten or twenty years since we should have been considered as wanting in orthodox homœopathic principles had we attempted to treat a patient without prohibiting tea, coffee and spices, pickles, pastry and pork. Few of us now, I ween, would venture to treat a phthisis pulmomalis, with its faulty excess of albuminous, and deficiency of fatty elements in the blood, under this strictly Hahnemannian regime. Not only do we find it necessary to encourage a generous, stimulating and fatty regimen." "One realizes," he says, "a sensation similar to that felt in moving about among the black-letter relics of past ages in looking back upon the heroic rule adopted by Hahnemann and the earlier homœopaths. Indeed it is curious, as well as amusing, to go back no farther than to the work of Dr. Laurie, published in 1859. We find here prohibited, under soups, among others: turtle, mock-turtle, and finally, all rich and all seasoned soups. Of meat, are prohibited, pork, veal, turkey, duck, goose, bacon, liver, tripe, and every kind of fat and salted meat. Of fish, crabs, lobsters, and oysters, and shellfish in general. Under vegetables, among others, cucumbers, celery, greens, cabbage, radishes, horse-radish, asparagus, every kind of pickle and raw vegetable. Pastry of all kinds, boiled or baked, is prohibited. Spices of every description, aromatic artificial sauces, all condiments, mustard and vinegar are prohibited. Cheese is prohibited, and chestnuts, filberts, almonds, walnuts, raisins, and indeed the entire complement of a dessert, except a few non-acid fruits mentioned under aliments allowed. In looking over aliments allowed, we find that poultry and game are rarely administered; salt should be used with moderation, and gruel must be made thin! Unseasoned soup, no turkey, a dessert of bread and cheese, minus the cheese! Shade of the great Soyer save us from such dinners! In conclusion, we



must repeat our conviction, that no dietetic code of universal application is possible; that the morbid elementary changes occasioned by the different varieties of disease frequently require a corresponding change in the supply of nutriment; and finally, that the diathesis of the patient, his idiosyncrasies, and especially his habits and instinctive desires, should always receive prominent consideration" In order that we may have at the outset a clear conception of our subject, let us review Hahnemann's original dietetic directions. Organon, Section 259. "The minuteness of the dose required in homœopathic practice, make it necessary that every other kind of medicinal influence that might cause a disturbance should be avoided in the diet and regimen of patients, in order that the highly rarified dose may not be counteracted, overpowered, or disturbed by extraneous medicinal influences. (130).

Section 269. In chronic cases, therefore, it is especially necessary to search carefully for such impediments to the cure, because these diseases are frequently aggravated by obscure noxious influences of that kind, as well as by errors in regimen which being frequently overlooked, exercise a deleterious effect. (Explanatory Note). (131). "Coffee; Chinese tea, or other herb teas; beer containing medicinal vegetable substances unadapted to the condition of the patient; so-called cordials, prepared from medical spices; all kinds of punch; spiced chocolate; scented water and perfumes of various kinds; highly odorous flowers cultivated in the chamber; medicinal toothpowders or washes; perfumes inclosed in bags or cushions; highly seasoned food or sauces; spiced pastry or ices; raw medicinal herbs in soups; pot-herbs, tender shoots and roots possessing medicinal properties; old cheese and tainted animal food, or the flesh and fat of pigs, ducks, geese, or young veal, and acid food, etc., all of which produce collateral medicinal effects, are carefully to be kept from patients of this kind.

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Excesses at table; the excessive use of sugar and salt as well as spiritous liquors; heated rooms; woollen clothes next to the skin (which, in warm weather, in first to be replaced by cotton and then by linen); sedentary habits in close apartments. Passive exercise, such as riding, driving, rocking; protracted suckling of infants; the habit of sleeping in bed too long after dinner; nocturnal occupations; the enervating effects induced by the perusal of obscene books; objects of anger, grief, and vexation; the passion for gaming; excessive exertion of mind and body; residence in a marshy locality; damp rooms; penurious living, etc. all these conditions and circumstances should be carefully avoided and removed, lest the cure might be impeded or rendered impossible. Some of my disciples appear to impose unnecessary restrictions on their patients by prohibiting a still greater number of quite indifferent things, a course which is not to be sanctioned.

Sec. 261. The proper regimen to be enjoined during the use of medicines in chronic diseases, consists in the removal of all obstacles in the way of recovery, and in the substitution of a wholesome mode of life, such as innocent recreation, of the mind, active exercise in the open air in all kinds of weather (daily walks, light manual labor), proper nutritious food and drink unadulterated with medicinal substances.

Sec. 262 In acute diseases, on the contrary (insanity excepted) the fine, unerring inner sense of the active instinct of self-preservation will decide the course to be pursued so clearly, that the physician will only have to advise the friends and attendance to obey the voice of nature by gratifying the patient's ardent desires, without offering and urging him to accept hurtful things.

Sec. 263. The food and drink most commonly craved by patients suffering from acute diseases, is generally of a palliative and soothing kind, and not properly of a medicinal nature, but merely adapted to the gratification of a certain

longing. Slight obstacles which moderate gratification might place in the way of recovery, (132) are more than counter-balanced by the power of homœopathic medicine, by the vital force liberated by the medicine, and by the refreshing effect of a gratified desire. In acute diseases the temperature of the chamber, and the quantity of covering should be regulated entirely according to the wishes of the patient; while every kind of mental exertion, and emotional disturbance is to be carefully avoided.

Sec. 266. Substances derived from the animal and vegetable kingdoms, in their crude state possess the strongest medicinal properties. (135). (266). All crude animal and vegetable substances possess a greater or less amount of medicinal properties, and each, after its own manner is capable of altering the sensorial condition (health) of man. Those plants and animals used as food by civilized nations, are preferable on account of the large amount of nutritious matter contained in them; they also differ from others in this, that these properties are diminished by culinary processes; for instance, by pressing out the hurtful juices (like that of the South American Cassava), by fermentations (like that of rye flour into dough for bread; the preparation of sourkraut and pickles, without vinegar), by smoking, by heat (in boiling, frying, roasting, baking), by which means the medicinal elements are partially destroyed and evaporated. Through the addition of salt or vinegar (in pickling and preparation of sauces and salads), these animal and vegetable substances may lose a part of their medicinal properties, but injurious qualities of another kind are produced."

That the above and other more recently observed injurious food and their derivatives do possess medicinal action, which being misappropriated in the human organism may become the source of both acute and chronic disease (through their morbid effects upon the vital force) there can be no doubt. Aside from the harmful effects of such foods in themselves, we have the added danger from contamination introduced through

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adjuncts and harmful chemical preservatives. Such food adulteration the Pure Food Law is destined to investigate and if possible obviate. Inasmuch as we are continually enveloped in an atmosphere of injurious medicinal influences, it behoves the true follower of Hahnemann, not only to investigate, but to eradicate them in so far as possible from the diet and regimen of his patient.

Our Repertories (if we will but study them) furnish abundant corroboration of these directions and even by closely following the modalities observed in drug provings we may be able from this source alone to remove by thorough symptom analysis the noxious influences.

This has not been perfected for the reason that FOOD PROVINGS have not up to the present been carefully carried out. How much more readily we might be of true service to our patients if we had determined by carefully conducted experiments, the etiological value of such modalities as for instance, AGGRAVATIONS; according to FOOD AND DRINK, as recorded in Bönninghausen and other Repertories. These are modalities noted during the proving of single drugs for their pathogenetic effects upon the body in health, but as soon as the drug action has made its impress upon the organism, they then represent the effects of nutritional elements upon the body pathogenetically disturbed; hence in many cases their more or less doubtful value, as for instance the morbid cravings of the patient at the period of acute disease crises, may be perfectly same and safely heeded yet in chronic diseases these self-same cravings may represent abnormal desires which are the direct evidences of functional or organic disorder.

Dietetic observations to be of greatest service should be obtained from food-products individually proven upon the body in health; thus would we be able to recognize at their incipency a train of symptoms, and by a timely alteration in the dietetic regimen, added by our remedy (which can now

be more understandingly applied), more speedily restore the patient to health. The patient's own desires, dietetic cravings or disagreements, modalities as to pain, sensitiveness to temperature, position in bed, etc., all have a most important bearing upon the selection of the remedy. Certain phases of this subject have been carefully discussed in an article by Dr. M. W. Turner (*North American Journal of Homœopathy*). Vol. XXIV, Pp. 368-9). (*Logical Extensions of the Remedy*).

Even though we have not as yet ascertained the positive effects of foods singly or in combination, the modalities of the patient are in a general way a safe guide; for nature is very explicit in her expression of vital derangement, and the careful observer cannot be led far astray, if he will heed her notes of warning. If on the other hand he goes blindly on, never heeding the indications before him, the totality of the symptoms, both subjective and objective, (including those which are reflex or far removed from the affected organ), he must for long be in doubt as to the origin of any individual case in hand. If he sees as does the allopathist but the material or outward expression of disease, that is, its ultimates or results, such as 'inflammatory lesions, abnormal urinary and blood changes, excessive connective tissue or proliferated cellular growth, without recognizing the primary alterations in the interior vital force (which manifest themselves not upon the outer physical organism, but in disturbances in the interior mental, sensorial or psychical equilibrium), he will likewise fail in his efforts to cure. Morbid tissue change is in every case preceded by those finer, more intricate and subtle alterations in the dynamis or vital force; these manifestations of disorder finally routed from their accustomed channels suppressive measures make themselves manifest upon the next lower plane; if psychical or mental, upon the desires, cravings, longings of the sensory sphere; if sensorial, upon the bodily fluids such as the blood, lymph, cerebrospinal, etc.; these latter elements being disordered, the final result is abnormal, degenerative or hyperplastic tissue change. Except the

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physician recognize these phases of disease, he will not be able to diagnose sickness in its true totality, hence his inability to perform a radical cure. Evil habits in living such as eating, bathing, sleeping, etc., make their impress upon the dynamic, and step by step may undermine the physical or be reflected upward upon the mental and psychical realms, resulting in corresponding disorders, which may result in insanity and other mental diseases. Hahnemann gives a very concise and extended discussion of the origin, and treatment of such delicate and illusive disorders, which should be well understood by the seeker after true remedial therapeutics. Thus it will be evident, as certain modern writers on this subject have emphasized, that the treatment of disease should be approached from the three-fold planes, mental, moral and physical, in order that we may gain in our case, study the true concept of the patient as an individual, who is ill.

(To be continued)

## THE NOSODES IN CHILDREN'S DISEASES

DR. RONALD M. TROUP

(From Pacific Coast Journal of Homœopathy, July, 1916).

(Continued from our previous issue)

### TUBERCULINUM

Reference back to the finding of tuberculosis in the history. Weakness and sadness abounds; easily hurt and yet fretful and peevish, nothing pleases; tubercular meningitis and encephalitis. There are indurated glands everywhere; phlyctenules and herpes, corneal ulcers. Pendulous abdomen and pot-belly and enlarged mesenteric and inguinal lymphatics, and lordosis. Unresolved chest conditions susceptible of T. B. and diarrhœas of like cause. Effusions that delay resolution; chronic pleuritis and serous exudates that go chronic; potential phthisis in children with persistent cough and red face; lean growing children with sore glands and weariness and fatigue; listlessness and paleness of face.

It will be seen from these sketchy symptoms that the picture induced by the Nosodes is one of deeply and profoundly disturbed metabolism and that its type is insidious and destructive. They are not fitted to acute conditions. We are certain that they will stand greater scrutiny than has been accorded them. By way of point it is the desire to touch upon a case or two, by which the energy of the Nosode may be noted.

A girl patient, aged seven years. Father married in the midst of an attack of acute gonorrhoeal urethritis, the mother acquiring a speedy infection, of course. Both were pronounced cured ere the child's birth. At the age of three months the child showed beginning eczematous patches on both cheeks. There was gradual involvement of the entire body. Under treatment and dietary regimen and elimination care, the case fluctuated, but did not cure. At the time of presentation the case was decidedly chronic. Many of the symptoms given above under the remedy were present, notably the dread and terrors; the dripping nose and the excoriated buttock and multiple gland involvement. The skin had at the time quieted from the inflamed, reddened state to one of more dry, crusty and branny, in the nature of the eruption. Medorrhinum in the C. M., of Skinner, was administered, in four single doses with ample placebo, in the course of the ensuing year, with complete clearance of the case. Follow up over the period of six years' notes no return of the skin lesion and the mental symptoms of dread and fear have disappeared and a splendid general health obtains.

Second: A boy aged two and a half years. Mother a fat, greasy, unkempt individual; the father lean, stooped and with chronic cough. Grandparents with asthma and pronounced tubercular dysentery. Following a four day cold the child's temperature rose to 105° with dry, tight cough and spitting of blood streaked expectoration. He was diagnosed pneumonia and was hospitalized, the usual hospital routine of blood,

(To be continued)

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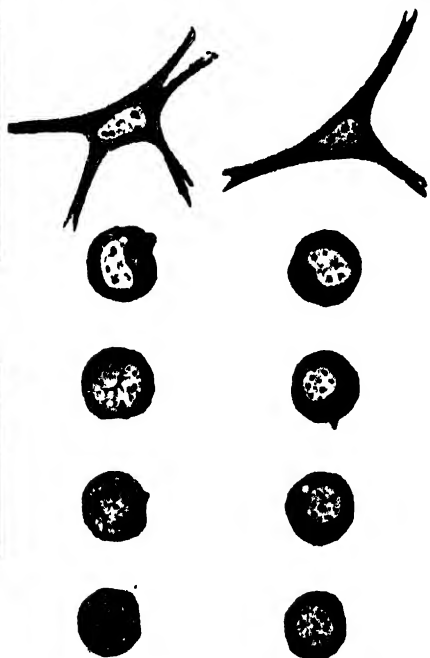
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# The Homœopathic Bulletin

Vol. X.

NOVEMBER, 1937.

No. 6.

## Sycosis

J. HENRY ALLEN, M.D.

The frequency in which this most to be dreaded of all miasms makes its appearance in practice to-day, and the dreadful stasis it forms when suppressed and coming into a union with psora, should give it a foremost place in Homœopathics. It seems deplorable to me when I learn how little the profession know about it, and how unable they are to see the relationship it bears to so many chronic maladies, of a nature so distressing, and so difficult to cure. A careful study of it, however has brought many of its phenomena to light, such articles as have been written by Frederick S. Keith, M.D., of Waltham, Mass., and others of a briefer nature, together with the proving of the nosode, Medorrhinum, has done a great deal to increase our knowledge of its action upon the organism. It is not my intention to review the subject, but to give a few thoughts relative to my experience in its treatment, and its presence in the organism. Simple gonorrhœa generally subsides into a gleet discharge after a usually marked acute inflammatory urethral inflammation, showing, except in the psoric, very little pus, no marked odor and very little constitutional disturbance, with no very distinct secondary symptoms following, unless suddenly suppressed by the crude tinctures, or low potencies, or local injections. Not so is it with the sycotic form. There is usually much hardness and turgidity of the penis, much soreness in a line with the urethra, and profuse pus. The fishy or herring brine odor of course is very positive, but many times it is not present. The primary stage, in my experience, has been less severe, especially the strangury and difficult urination. The mental symptoms are not very definite until the disease is

suppressed, then they become very marked. An over anxiety is then manifested; especially about the general health, with a doubt and hopelessness of a cure. They have a feeling as if something dreadful was the matter with them, and are impatient for relief; they are usually irritable, changeable or very nervous, partaking of an irritable nature, impatient with desire to scold in women. They make every effort to impress upon their physician the importance of their case, especially their sufferings, which are usually spasmodic, no matter what the nature of these may be. The pains are usually sharp, acute, spasmodic, colicky, extending downward or from above downwards, the rheumatic pains especially, also ovarian and uterine.

All these symptoms are at once either very much modified or entirely relieved by re-establishing the discharges. I have had cases where the pains, that were almost past endurance, were relieved by its appearance, or by a crop of warts which are usually very numerous and quite small, appearing more on exposed parts as we find in the proving of most anti-sycotics. Yet this is not always the case, many splendid cures were made in women when the inflammatory process had extended to the broad ligaments, ovaries and tubes, when the menses became very dark, clotted (small clots), accompanied with an odor that was simply unbearable to the patients themselves, lasting for days even after the flow had ceased. Chronic ovarian troubles are usually sycotic in origin, and if not primary or secondary, they are hereditary. The red, mole-like wart, also the spider spot, the former found on the body at any place, and the latter on the face, usually under the eye or on the upper portion of the face—I have noticed a number on the bridge of the nose—these come at any period of childhood, when the parents are sycotic of course, but not infrequently are they born with them. I have traced many naevi to a history of sycosis, especially those of a cardinal color, or of a red, velvety appearance. These with the numerous warty growths, together with one or two forms of acne, constitute the skin lesions that have come under my observation. The other secondary symptoms are inflammations and

## Sycosis

indurations of internal organs, especially those of the sexual sphere, also rectum and bladder, which by no means are free from the dreadful inroads of this disease.

In men a long history of an irritable prostate, bladder or rectum, and in women uterine or ovarine troubles, not relieved by any previous medical treatment, but usually made worse, calls my attention the most frequently to Sycosis. Again it may be by the persistency with which they stick to medicines, hoping to find relief. The history of the suppression of a gonorrhœal or what was only thought to be a common leucorrhœal discharge, and watching the development from that time forward, is usually positive proof, especially if there is a history of good health before this occurred. Often the history of their ailments will be found to centre around some positive period, and the whole truth dawns upon us, that we have suppressed sycosis to deal with. One of the most common, as well as the most difficult forms of sycosis from suppression, is a chronic inflammation of the ovarian membranes and tubes, usually much aggravated during the menstrual crisis, and then gradually subsiding, only to be renewed with all its usual suffering at the appearance of the next period, showing the periodicity of its attack. I have met many cases of endometritis and subinvolutions traceable solely to it, often accompanied with more pain during the period of ovulation than during the menstrual flow. These patients take cold easily, which usually settles in the bronchi or head and nose. The discharge is either watery or thick, and greenish yellow. The cough is most apt to be laryngeal. Indurations, hypertrophies, abnormal growths, tumors, malignant or non-malignant, hæmorrhoids, catarrhal thickenings and hypertrophies of mucous surfaces, are some of the symptoms of the tertiary stage.



I have yet to see a case of polypus or diabetes melitus where sycosis was not directly, or indirectly, at the bottom of it. Psora will never do it alone, syphilis may, however, but I have not observed it closely enough to be positive. Last month I cured a case of diabetes, in which the urine presented nearly a half test tubeful of sugar, by re-establishing a discharge that had been suppressed ten years ago, a radical cure, as far as can be judged at present.

The mental symptoms, verging, on mania, are suddenly relieved by a leucorrhœal or gleet discharge. Even snuffles and catarrhal headaches are relieved, never to return, by a single powder of the proper remedy. I recall to mind now a liveryman who was suffering with a constant frontal headache, preventing him from doing any work whatever, cured by a single dose of *Nux<sup>va</sup> vomica* cm, based upon the mental symptoms and the history of drugging with copava and cub<sup>pa</sup>. The gonorrhœal discharge was re-established in a severer form than in the first place, although it had been suppressed for years. No cures have yet been made unless, the discharge has returned, or a crop of warts appeared on the skin. Much may be known of the action of this most venereal of all venereal diseases, whose action is so general throughout the whole organism, from which the only salvation for the patient is to let the discharges continue, until the disease is entirely eradicated from the system.

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# Mental Diseases-A Survey-from the Therapeutic Point of View.

Dr. Hemanshu Sekhar Ghose, Calcutta.

' *Mens Sana in Corpore Sano* '—A sound mind is necessary for a sound body, and *vice versa*. Everyone is aware of the value of physical hygiene but how many realize that it is equally imperative to take care of their mental hygiene, for any disease of the mind adversely affects the health. A reference to the Statistical Abstract for British India published by the Government of India will reveal that the number of\* patients admitted every year into the Mental Hospitals of India is on the increase. The Mental Hospitals mainly admit insane people for treatment, the statistics therefore depict only a small minority of the vast section of people suffering from various mental disorders for which no statistics can possibly be maintained. One naturally asks why this is so? This is one of the many straight questions to which there is no straight answer.

The subject of\* mental diseases is so expansive that only a fringe of the great problems involved can be covered within the limits of this brief survey. The causes are so vague and varied that it is difficult to synthesise\* the symptoms within the scope of a standard formula. From what we see in our everyday life, the commonest causes appear to be an unhappy home, unhappy marriage, disappointment in love affairs and business, frustrated ambition, financial embarrassments, psychic suppression, sexual excess, excessive mental exertion or worries and similar other causes which perpetually disturb the mental equanimity.

---

| *Year. | No. of patients admitted. |
|--------|---------------------------|
| 1923   | 9,845                     |
| 1926   | 10,201                    |
| 1929   | 11,402                    |
| 1932   | 12,823                    |
| 1933   | 13,323                    |

Human mind is universally the same. The Chief underlying motive in voluntary human conduct is the pursuit of a conscious happiness. The eternal quest of every human being from the moment of his consciousness is to love and to be loved and to attain satisfaction and happiness for himself and his dear ones. He battles through life concentrating his energies towards the attainment of that one desire. In that quest often his energies are misdirected and applications misplaced. Consequently his mental equilibrium is disturbed by the perpetual mental conflicts between his attempts to meet the ever-increasing demands and disappointments in the fulfilment of desires. This increased suppression and repression of the natural instinct in modern civilization is one of the most important factors of the mental diseases which are so prevalent nowadays.

Modern civilization has made people luxurious and fashionable. Like a contagious disease the craving for amenities and comforts is becoming more and more apparent amongst all classes of people whether rich or poor. One might not have two meals a day for his hungry stomach, nevertheless, he does not hesitate to beg or borrow and find money even at the expense of his honesty and pride to keep pace with the fashionable society. This craze for fashion and vanity has ruined many a family which could otherwise have lead a happy and peaceful life.

Pomp and pageantry are often synonymous with vulgarity. It is therefore wise to remember that what is added to the luxury and comforts for the body is always at the subtraction and starvation of the mind. The maxim "Plain living and high thinking" inculcated by the sages, is the sine qua non of a happy and harmonious life.

As mental diseases arise mostly from mal-adaptation to environments, a change in the outlook of social, political and economical order of things is necessary.

The vicious environments of the city-life, the perverted ideas, half truths and untruths about sex-life, the faulty education exert a demoralizing influence on the immature mind of the

young adults. It is in this period of adolescence that most boys and girls become moral wrecks and consequently suffer from various mental disorders which eventually increase the number of neurotics.

Mental disorders are also due to the inability of the patients to face facts within themselves. Realization of facts at their true value gives us sympathy and understanding. It is to this world we must adapt ourselves and we must therefore correlate our innerworld of mind with that without. Young minds are always imaginative. In their early college days they dream of a happy and brilliant future but immediately on completion of their educational career when they desire to begin their vocation right earnest they confront an unsympathetic, wicked and hopeless world diametrically opposite to their fanciful ideas. Difficulties and obstacles await them at every turn and in frantic despair driven from pillar to post in vain search of employment, they bring destruction upon their helpless life or become mentally unbalanced.

To correlate our vocation in life with our personal mental trends is an important factor and parents very often mar the prospect of their children by placing them in positions which their individuality hinders them. The natural consequence is obvious.

Besides the social, political and economical reasons, mental aberrations and insanity may arise from the following conditions :—

**1. Heridity :—**

- (a) Insanity,
- (b) Epileptic,
- (c) Alcoholism.

**2. Mental Inability as revealed by—**

- (a) Moral deficiency,
- (b) Congenital defect,
- (c) Eccentricity.

3. Critical periods of life :—
  - (a) Puberty and adolescence,
  - (b) Climacteric period,
  - (c) Puerperal stage.
4. Excessive brain work and mental strain.
5. Indulgence in Toxic substances like alcohol, Ganja, Cocaine, etc.
6. Excess in venery or undue sexual suppression.
7. Disease of the nervous system—
  - (a) Lesions of Brain and spinal cord.
  - (b) Epilepsy.
8. Shocks and sudden fright.

Since many cases of mental ill-health crop up during the adolescent period it behoves the parents now to be always in close touch with their children and guide them along the right path by friendly discourse and company.

With the awakening of mature instincts great care needs to be exercised so that in their youthful exuberance and due to ignorance they do not commit any act of foolishness. An intelligent father or mother should anticipate that and train their children to be frank and open with them, for suppression and repression at such an age beget a breeding ground for future mental ill-health. They should try to satisfy their natural curiosities in a proper and decent way. They should be wise enough to recognise that sexual gratification is an instinctive impulse and physiological cravings require satisfaction for health, unless by cultural process the animal passions are guided to some higher channels.

They should bear in mind also that no hard and fast rule can be laid down as regards continence and each case must be judged on its individual merits. Some people remain continent without any adverse effect on their health, while others become neurotic and unhealthy under undue sexual repression.

## Dr. Hemanshu Sekhar Ghose

Mental disorder may be roughly divided into three main categories—

- (i) Neuroses,
- (ii) Psychoneuroses,
- (iii) and the Psychoses.

The actual neuroses are neurasthenia and those which are due to constant worries and anxieties.

Psycho-neuroses—Embraces hysteria, the compulsion of obsessional neurosis, hypochondria, Melancholia, and Mania.

Psychoses—Insanity, Dementia, idiocy, Epilepsy.

As regards treatment the old school of treatment has nothing much to say and do. Lt.-Col. Owen Berkeley Hill. I. M. S. who was associated with one of the Mental Hospitals in India expresses his disappointment in the following lines “Unfortunately there are no medicines for mental ill-health and very probably there never will be. Complete sympathy with and a thorough understanding of the sufferers troubles are the only instruments in the doctor’s hand.”

Indeed, Mental disorders and symptoms had no meaning in Allopathy until after the war, when a large number of patients suffered from various sorts of mental disorders—doctors found meaning in the symptoms for the first time. People were mostly under impression that all these mental disorders are due to prepossession of the mind by evil-spirit. Not to speak of the dark by-gone days of the history, even now instances are not wanting where a poor patient suffering from mental disorders is beaten mercilessly, chained and locked in the dungeon with the idea that he is bewitched by the evil spirit which can be exercised by all sorts of rough handling.

It is gratifying to note however, that due to persistent efforts of Drs. like Hahnemann, Pinnel, and Conolly inhuman treatment of patients in Mental Hospitals has since been stopped.

Dr. Hahnemann was the first and foremost to advocate for the kind and sympathetic behaviour with the Mental patients. In his Lesser writings he says "I never allow any insane person to be punished by blows or other corporal punishment." To prove this Dr. Hahnemann started a Mental Hospital of his own Georgenthal near Gotha in the year 1792 and in this institution kindness was the unvarying rule. Doctors like Norton Manning and M. Christian have corroborated the truth in their learned treatise as far back as in 1865 that kindly treatment have always improved the condition of Mental patients.

Until recently very few people thought that like physical disorders, mental disorders can also be cured and prevented. The importance of mental health was first recognised by an American, Clifford W. Beers, who spent seven years as a patient in Mental Hospital. When recovered, he revealed his experience in his book called "A mind that found itself" which starred the imagination of American public and for the first time in the history of the Continent the American Association for Mental Hygiene was founded in 1901. From the United States of America the movement spread in all directions and the most civilised countries are now endeavouring to promote the study of mental disorders with a view to their prevention and treatment.

Some expert Psychiatrists suggest that mental diseases usually require mental medicine and according to the type of case and circumstances any of the various forms of Psychotherapy, e.g., suggestion, auto-suggestion, hypnotism, persuasion, re-education, psycho-analysis can be utilised. They admit that in the case of Psychoses the science is greatly impotent.

Though the old school experts have got no medicine for mental diseases, one need not be pessimist about the cure of such cases under Homœopathic Treatment. Homœopathic Science has got ample scope for such cases, as it is the only science of all systems of treatment in which the patient is treated and not the disease. In no other systems of treatment.

so much stress is given on the mental symptoms as under Homœopathic treatment. Symptoms expressed by the mental patients are nothing but the reflex actions of the subconscious state of mind where the suppressed and repressed feelings are harboured. Only a fragment of truth comes out in the incoherent prattlings and ramblings of a mad man. It is said that only one-tenth of the healthy human mind is exposed to the outside world and the nine-tenth of it is always submerged like a chunk of ice floating on the sea. It is more so in an unbalanced condition of the mind. Though ordinarily no importance is attached to the incoherent prattlings or ravings of the mad man, a clever Psychopath discerns the link between the seemingly irrelevant ramblings and prescribes medicines according to the characteristic attitude of the mind and posture.

In his famous treatise "Organon of Medicine" para. 214, Dr. Hahnemann instructs as regards treatment of mental patients:—"The instructions I have to give relative to the cure of mental diseases, may be confined to a very few remarks, as they are to be cured in the same way as all other diseases, namely, by a remedy which shows, by the symptoms it caused in the body and mind of a healthy individual, a power of producing a morbid state as similar as possible to the case of the disease before us and in no other way can they be cured."

I have found *Ig. atia* and *Na. u. m. Mur.* very efficacious in melancholia, particularly after any shock, grief or bereavement when patients are very much depressed, moody, always brooding, sigh and sob but do not like to speak or to be spoken to.

When these mental aberrations or insanity are due to reflex uterine troubles, as in puerperal mania and hysteria and the patients are extraordinarily gloomy and always borrow troubles, *Actea Racemosa* works wonder.

*Actea Racemosa* is also useful in mania after business embarrassments.



When the mania, takes a violent form and the patients desire to cut and tear everything, specially clothes, *Veratrum Album* helps.

*Tarantula* is also a very good medicine for destructive mania.

When the patients always think of committing suicide, feel that everybody is against them and life is not desirable—with a syphilitic history, they are benefitted by *Aur. Met.*

In *Alumina*—we find the patients get the idea of committing suicide whenever they find a knife or blood, easily frightened, take everything in bad part.

When the patients always talk of indecent things, expose the body shamelessly (Erotomania or Nymphomania) *Hyoscyamus*, *Opium* and *Phosphorus* may be thought of according to indications.

*Plumbum* is also a good medicine in mania of patient with a history of excessive Masturbation. *Apis* and *Baryta Mur* are often indicated in sexual mania particularly of widows.

When the patient assumes all sorts of strange attitudes and positions and wants to escape or bite, goes down on knees and prays with folded hands with religious bickerings, wants light and company. *Stramonium* clears the case.

When patients give vent to undue fear, as if they have committed some crime and the police is dogging them they are benefitted by *Ars.*

In another kind of Mania when patient suffers from Anthrophobia, fears and mistrusts the future frequently screams loudly as if to call some one, suffers from hallucination that she is double, that a stranger is constantly by side, one on left and other on the right, her husband is not her husband, her child is not hers a few doses of *Anacardium* restore the patient to her senses.

## Dr. Hemanshu Sekhar Ghose

Religious insanity, alternate loquacity and taciturnity, suspicious mania, particularly during climacteric period is relieved by *Lachesis*.

*Kali Bromatum* is another medicine, misuse of which under the old school treatment is responsible in many cases of dementia and consequently it is a first class remedy in the hands of Homœopaths when following symptoms are prevalent :—

‘Memory absolutely destroyed, cannot recognise friends nor be comforted by them. Frightful Imagination at night (particularly in advance state of pregnancy) under impression that they have committed or about to commit some great crime and cruelty such as-murdering their children or husbands, think they are pursued, will be poisoned, are selected for Divine vengeance, suffer from fits of uncontrollable weeping and constant fidgety hands.’

I was once invited to attend a case at 211 Rash Behari Avenue, where a young child aged four years was lying seriously ill, as a result of overdose of Potassium Bromide administered to stop infantile convulsion. The child remained in stupor for more than three weeks could not utter a single word even after one month of this condition, could not recognise her parents, had no cravings for food, lying lifeless like a log of wood. *Kali Brom.* and *Hyoscyamus* in high potency improved the case to a great extent but the child, I understand, has not got back her former activities and intelligence as yet.

*Pulsatilla* is a good medicine for mental derangement arising out of suppression of mense. I was able to cure with it a very bad case of insanity which resisted all other treatments.

The case was as follows :—A young unmarried girl of Creek Lane, aged about 22, showed signs of obesity with the history of suppressed menstruation of last six months. She was very

constipated and had irregular beatings of heart. Easily susceptible to cold. Gradually developed melancholia, weeping without cause, speaking to herself, miserly habits as revealed in her persistent request to friends and relatives to take only little quantity of food and to wear only ragged and tattered clothes otherwise she would go on shouting and screaming, taking the children to task unnecessarily-repeating a sentence for hours together and the like 15th August, 1935 I took up the case. *Graphitis* and *Lycopodium* in 1,000 potency prescribed according to symptoms did not do much good when on September 28th a dose of *Pulsatilla* 1,000 was given. This re-established the menses and restored the patient to her senses. She is quite alright now.

*Tuberculinum* is also a good medicine for Insanity It is admitted by experts that Insanity is very frequently a manifestation of the consumptive taint. Burnett has cured with Bac. A case of Insanity being led to give it by a ringworm like eruption on the body.

A curious case has been made of *Tuberculinum* by Jauregg of Vienna in a case of Insanity (H. W. p.p. 196). Having observed that cases of Insanity are always benefited by an attack of an acute infectious disease, especially if it is accompanied with high fever, the idea occurred to him of utilising the fever produced by Koch's Tuberculin Injection. He tried it on some patients and though the decidedly favourable symptoms soon disappeared after the fever subsided, still there was a steady clearing of the confused sensorium.

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# CORRESPONDENCE

DEAR SIR,

Kindly publish the following in your esteemed Bulletin as early as possible and oblige.

It gives me pleasure to read that Dr. Bishwanath Mukherjee, M. L. A., of Gorakhpur has given a notice of a resolution regarding recognition of the Science of Homœopathy to the Secretary, U. P. Legislative Assembly. Since Mr. Ghayasuddin moved this resolution in the Central Assembly, I was very anxious that steps should also be taken in U. P. like other provinces, to get this method of treatment recognised by the Local Government. I was reading with pleasure the activities of the Homœopaths of Bengal, but was surprised at the silence of the U. P. Homœopaths. Thanks God Dr. Mukerjee has taken an initiative. I hope that the congress Government will give its full support to the bill.

I do not agree with the following clauses of the bill in full and propose the following amendments. I hope the mover will consider them.

2. That the period of standing of the present Homœopaths should be reduced to 5 years instead of 10, and if not it will increase the unemployment. 5 years are quite sufficient to judge the utility and merit of any practitioner.

3. That the minimum educational qualifications should be High School in Science instead of I. Sc., because the expenses of importing education beyond High School are high and the middle class people of this province for whose benefit the science is being encouraged will not be able to send their wards for the study of Homœopathy and such barriers at this stage will also check the progress and popularity of the science. The main object of passing the I. Sc. Examination is to acquire the knowledge of Biology which is an absolute necessity for medical men, but I am of opinion that these subjects can be taught in the Homœopathic Colleges along with other subjects, as is done in many Allopathic medical schools.

4. That if the present colleges in the province are to be given any kind of help, they should be controlled by a strict and unselfish board of management. External examiners should be appointed to hold the Final Examinations. The members of the board of management who should be at least 25 per cent. outsiders (not local) should pay surprise visits and see whether the college is imparting proper education. This will check the quackery and bogus issue of Homœopathic degrees which is probably the main object of the bill.

Q. M. MAHDI,

Lucknow.

# Two Cases of Neuralgia

DR. A. MIDDLEY CASH, M.D.

Mrs. P., aged 60, in course of influenza attack began to feel slight stabbing in left parietal eminence. The increasing in severity I gave her gelsem. No relief. Pain increased. Thinking it might be caused from pure debility, as she was greatly reduced by long continued illness, arsen. 3x was then tried. She now suffered 19 hours of acute agony, during which pain spread over the left side of the head, it was "boring and often seemed like something screwing into the skull," the area of its greatest intensity was about size of crown piece, and from this it seemed to radiate over whole of side of head. No fever: face pale and wan, pain increased by touching place, or movement. Several external remedies which she had formerly found useful were tried with effect of aggravating the pain and a glass of hot port wine increased it so that she became almost frantic. A hypodermic injection of morphia seemed inevitable, but first I mixed her some spigelia 1x. in water and gave a teaspoonful every hour. This touched it, at the first dose great relief was felt, and I saw her some hours later, she had had some quiet sleep. All acute pain gone. and only an occasional twinge was felt.

Miss C., aged 56, a stout, semi-hysterical invalid, sent for me for a severe attack of facial neuralgia, affecting the left side, chiefly in the jaws and temple. The pain was "jerking." Hot applications gave no relief, but cold certainly caused some amelioration of pain. The cause was evidently dental, several loose and decayed teeth being in lower jaw. Pulsatilla was indicated, and I gave it in 3x, a dose every two hours. Shortly commencing the medicine she had a severe paroxysm of pain, the worst she had yet felt; thereafter she experienced great relief, and at the next visit had nothing further to complain of—Monthly Homœopathic Review, September 1898.

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# "Menopause"

FRED STEGMUND M.D., Los Angeles

The Menopause marks the termination of the reproductive stage of a woman's life, the most prominent clinical manifestation of this transition period being the cessation of the menstrual flow. The Menopause is also often spoken of as the climacterium or climacteric, while among the laity it is most frequently called the "change of life."

Although menstruation itself was the subject of much speculation among the ancients, as we have already seen, much less attention seems to have been given to the phenomenon of the cessation of the menstrual function. By the old school of pathologists the cessation of menstruation was looked upon as a matter of serious consequence, often causing serious disorders and calling for the operation of blood letting. Perhaps these old observers are in part responsible for the great dread with which the Menopause is even now looked forward to by a large proportion of womankind.

It has long been a guiding principle in gynecologic surgery to avoid complete removal of ovarian tissue in surgical operations. The usual teaching has been that the surgical menopause thus produced is usually sharper and more severe than the normal climacterium. There is, however, much evidence, chiefly clinical, against the correctness of this view. It is a well-known fact that the effect of castration on young women is often surprisingly slight. On the correctness of this statement I am convinced, as a result of my personal observations. The causation of these symptoms is not the mere withdrawal of partial ovarian hormone, but a "break in the utero-ovarian functional harmony."

The practical importance of this question is great. It is probable that most surgeons appreciating the internal secretory function of the ovary, will continue to practice conservation of healthy ovarian tissue whenever possible. On the other hand,

important as the ovary is, it is by no means essential to life, and ultra-conservatism may sometime work more harm to the patient than so-called radicalism. The course to be followed in the individual case must be influenced by many other factors than the mere consideration of the physiological function of the ovary. Most important among these factors are the importance to the patient of future childbirths, the character and extent of the pelvic lesions, the patient's age and her economic and social status.

There are marked individual variations in the duration of the menopausal period. It must be borne in mind that the cessation of the menstrual function is only one, though perhaps the most striking, of a whole group of changes which mark the retrogression of the reproductive function. Properly speaking, the Menopause embraces all these various phenomena, and from this viewpoint, its duration is from a few months to several years. Occasionally cases are seen in which the onset of the Menopause is very abrupt and its duration brief. Much more frequently, however, its course is more gradual, and its duration therefore considerably longer. The average duration may be placed at from two to two and a half years.

In my conception of the Menopause certain clinical manifestations are associated: first, irregularity and finally cessation of menstruation; second, vasomotor disturbances; and third, atrophy of the genitalia and tissues of the breasts. We have assumed that these manifestations were evidences of partial cessation of ovarian activity. However, when substitution treatment has been given by means of ovarian extract in an attempt to control the severity of the menopausal symptoms, particularly vasomotor disturbances, contradictory and confusing results have been obtained.

In recent years, treatment has been gradually placed on a more logical basis. Studies of the blood and urine of women during the Menopause to determine the amounts of ovarian

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estrogenic and pituitary anterior lobe hormone present, have done more than anything else to explain the physiologic phenomena, and thus throw light as to when substitution treatment is of value. Zondek, as a result of such determinations, has divided the climateric into three periods.

PERIOD 1.—In this period an excess of the ovarian estrogenic hormone is found in the urine. It is assumed that the ovary during this period can no longer respond to the stimulus to luteinization from the anterior pituitary and so fails to produce sufficient luteal hormone to balance the estrogenic hormone produced. During this period, menstruation is often more profuse or more prolonged, and the bleeding is irregular. The uterus, in such cases, is often larger and softer than normal, and curettage reveals hyperplasia of the endometrium. After such a diagnostic curettage has been made and the diagnosis of menorrhagia of the menopause established, it may be possible to control the bleeding with some preparation of ovarian luteal hormone. The action of ovarian luteal hormone seems to be increased by the addition of calcium. If this medication does not take care of the bleeding, a menopausal dose of radium within the uterus or roentgen rays over the ovaries will be effective.

PERIOD 2.—In this period the secretion of ovarian estrogenic hormone begins to fail also; only a small amount or none is found in the blood and urine. The menses become farther apart and scantier, finally ceasing entirely. The vasomotor disturbances reach their height during this period, and it is in this period that preparations of the ovarian estrogenic hormone should give a good therapeutic effect. Ascheim feels that the pure estrogenic hormone which is made from the urine of pregnant mares, has given especially good results in the treatment of the vasomotor disturbances of this period.

Kurzrok has reported a group of a hundred women suffering from the vasomotor disturbances of the menopause, and found that only those without ovarian estrogenic hormone in the urine were benefited by ovarian medication. This consisted



of two c.c. of a preparation containing ten rat units of estrogenic hormone, once a week, intramuscularly. As yet, little is known concerning the sensitivity of the vasomotor center. It is possible that it may require more ovarian estrogenic hormone to inhibit the vasomotor impulses at the beginning of this period than at the end, when hormone is not present in the urine. I have found that individuals vary greatly as to the dosage necessary to control the vasomotor disturbances. The best results are attained if patients are treated within the first year after the cessation of the menses. The earlier the treatment, the better is the result. The hot flashes which occur at intervals for several years after cessation of the menses may probably be continued because the vasomotor center has acquired a bad habit; they are best controlled with sedatives such as phenobarbital or bromides.

**PERIOD 3.**—The urine in this period contains an excess of the follicle-ripening hormone of the anterior pituitary. The presence of this hormone in excess in the urine is significant of complete ovarian failure; it may be present for several months. The hot flashes usually subside during this period and the atrophic changes in the genitalia due to the continued lack of ovarian estrogenic hormone, may become pronounced. Symptoms such as pruritis vulvae, which may be associated with this atrophic change, are sometimes relieved by preparations of ovarian estrogenic hormone.

The headaches of the menopause may be the result of neurasthenia or they may be an aggravated migraine type, but there is without doubt a headache like that which occurs with the menses, that is, glandular. The administration of various preparations of ovarian estrogenic hormone and the combination of estrogenic hormone with luteal or preparations of whole ovary, have not seemed to be of benefit.

The increase of weight after the menopause has not been explained. It, likewise, has not been influenced by substitution treatment by means of ovarian extract. Kaufmann has isolated a hormone from the liquor folliculi which apparently influences

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fat metabolism. There may be another ovarian hormone, as yet not isolated, which has to do with metabolism. The tendency has been to consider the thyroid gland responsible for this obesity. Because the gland enlarges with puberty and pregnancy, it has been linked with ovarian function and there has been a tendency to believe that it became hypo-active after ovarian function ceased. This hypothesis has not been substantiated. The relationship between the ovaries and the thyroid gland as far as fat metabolism is concerned is not definitely known as yet. The suprarenal glands, and pituitary glands no doubt, are likewise concerned.

Study of the basal metabolism should be continued during the menopause. I have found that some women after artificial or spontaneous menopause have low basal metabolic rates. This may be due to an extreme state of fatigue, the result of continued vasomotor disturbances. The fatigue and low rate may have been pre-existent, only aggravated by the menopause. Such women often feel much better when their basal metabolic rate is raised and held at a normal level. They feel less tired. The nervous system apparently becomes more stable and, as a consequence, the hot flashes subside. Apparently, a vicious circle has been broken.

It has seemed to me that the neurosis of the menopause is built up on some sensation associated with the vasomotor disturbances called "hot flashes." Zondek describes the "Klimakterische Wallungen" which apparently correspond to what we call "hot flashes," but "waves" is a better term as it implies more than a sensation of heat. The sensation begins in the epigastrium and passes to all parts of the body, ending with a feeling of heat followed by perspiration; a sense of oppression, faintness, air-hunger, palpitation and finally heat and perspiration, one or all, may be experienced in the minor waves. With more intense stimulations, there may be associated alterations of the psyche, depression, increased irritability, restlessness, impairment of memory, inability to

concentrate, easy mental fatigue and other mental symptoms. The phenomenon has been explained as originating in the vasomotor center. A stimulus is transmitted along the splanchnic nerve. The entire vascular system of the abdomen is contracted and a large amount of blood is suddenly forced into the peripheral vessels. Active vasodilatation of the peripheral vessels seems to occur at the same time. As a result of the sudden displacement of such a large volume of blood from the center of the body to the periphery the symptoms of faintness, oppression and air-hunger, anxiety, palpitation, heat and perspiration have a true physiologic explanation. It is not surprising that a woman experiencing one of these vasomotor waves for the first time should become frightened. Her fear becomes directed to one of the organs of the body, depending on which sensation makes the most impression. Often, it is the heart because of the palpitation. This makes her heart-conscious for the first time. The idea that she has heart trouble becomes fixed in her mind. She visits a physician and complains of rapid and irregular beating of the heart; a sensation of the heart "turning over," and "stopping," sufficient to keep her awake at night; and shortness of breath with any exertion, so that she is unable to do her work. She may not mention the hot flashes or other disturbances, her mind being fixed on her heart. The hot flashes may have subsided and left only the neurosis of the menopause; this neurosis will require the same treatment as any other. After every examination possible is made to rule out organic heart trouble, a great deal of time must be taken to explain to the patient the origin of the "heart trouble," assuring her in a kindly way, but impressive way that it is not organic. If any medication is given such as a sedative, she must be assured that it is not for heart trouble but to help her to get some rest so that she can better forget her heart. If I use the ovarian extract in the treatment of such neurotic residual manifestations, the dose must be very large up to 10,000 international units two or three times a

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Women who have previously been unstable nervously and mentally or women who are in a state of chronic fatigue when the menopause overtakes them, may have exaggerated nervous and mental manifestations. It is always wise in such cases to examine carefully the previous history, as these women may need some special guidance to carry them through the menopause without a complete nervous breakdown.

All sorts of queer notions and fears exist in the minds of the laity and even among certain physicians concerning the menopause. It is called the "second great crisis" in a woman's life. One hears expressions such as the "storm of the menopause," or "calm after the menopause." A prominent author has recently revived the impressions that women go through some degenerating process of mind and body during the menopause and must be "reactivated" following it in order to live a worth-while life after the age of fifty. If a woman is in good nervous and physical health, the approaching menopause need not be given a serious thought. Her disability may be so mild that she will be scarcely aware of it. If it becomes somewhat troublesome in the way of unusual bleeding or flashes, a sensible physician can give her the needed help to make her quite as normal as before. Many women express themselves as feeling better after the change than they ever did before and are able to accomplish much more.

**RESUME:** The etiology of the menopausal symptom complex has always been obscure, but recent findings have thrown some light upon this evasive syndrome. Evidence of a close inter-relationship between the ovary and the anterior pituitary, thyroid, adrenals, and other glands, as well as between the endocrine and nervous systems, has helped to explain the association between ovarian failure and symptoms referable to the endocrine, nervous, metabolic and other systems of the organism.

(To be continued).

# Aetiological Factors In Diabetes

[DR. NALINIRANJAN SEN-GUPTA, M.D. (CAL.)]

(Continued from our October issue 1937.)

## EMOTIONAL DIABETES

In every case of emotional diabetes, Joslin would find out a hereditary factor or an obese factor and ignore everything else. He would prefer to ascribe every case to one factor, *viz.*, heredity which is responsible for an obese inheritance also. It is our contention that any single factor is not generally responsible for diabetes though occasionally cases are described, which can be ascribed as due to one single factor. Thus, diabetes in a 10 months old infant or in twins can be explained as being due to heredity. In the extreme overeater it is due to overeating. In the patient who had it after 2 severe nerve shocks in 24 hours it was due to emotion and in very many people due to leisure. But very often all 4 factors come into play.  $1+2+3+4=10$ . Joslin would say that without heredity overeating and leisure or emotion alone (as in the Great War) did not produce sugar, *i.e.*, because without 3.  $1+2+4$  do not total, 10, therefore in the making up of 10, you don't want 3 at all. You will notice in Joslin another evidence of this type of reasoning. He says infection cannot be the cause of diabetes because infections are so common and diabetes not so. As I have said above it is a queer logic. We can refute this with our argument, *viz.*, carbohydrate diet is so common and diabetes is not so common, mentioned above. Then he says that if infections are the cause of them all the islets of the pancreas would be damaged. This is a ridiculous argument indeed! If Joslin had to be accepted tuberculosis as it would have to affect all alveoli of both lungs, syphilis would have to affect all structures of all tissues, and broncho-pneumonia every bit of both lungs.

To the unbiassed mind this attempt at exclusive elimination of causes appears logically fallacious and explains the inability of such a great scientist in spite of so much fine work to arrive at final truth. In the last edition of his book he admitted the importance of the nervous factor which he altogether denies in his very next edition. What I want to say is this that as the liver, adrenals, pituitary and thyroid are next to the pancreas, the organs most concerned in sugar metabolism and connected with the sympathetic system, repeated provocation of these glands, is in the nature of things, bound to provoke glycosuria as also hypotension. The fact that after examination students show a higher percentage of sugar in the blood is proof of the reactions on glucose metabolism induced by nervous strain.

### THE FACTOR OF SEX

Here again civilisation has been tending to increase the frequency of diabetes in the females as also the mortality rate for that disease. In India it was the pride of even ladies of the well-to-do classes to do manual labour. Arrangements to have food cooked by paid agents is an innovation of the last few decades of the nineteenth century. Even on ceremonial occasions all the cooking was done by the ladies of the neighbourhood. The *Dhenki* (rice husker) was a regular implement in daily use even in moderately well off families. As a result ladies, if they ate well, worked even better and thus restored the equilibrium of sugar metabolism. I have seen so many Marwari ladies suffering from diabetes, tuberculosis, or osteomalacia and have learnt that their mothers-in-law (wives of millionaires) used to do all their wheat grinding by themselves, while now the daughter-in-law has it done by servants. It is now considered a bad form for wealthy ladies to do any manual work what-so-ever. Amongst the poor middle classes, in cities, in America and in London, women have absolutely no work. Take up any work of fiction in the 18th century and you will find cooking, stitching and washing, the three occupations for women in decent household almost up to the last

years of the Victorian age. These occupations are now practically gone. The gas stove helps to do a little cooking, but most of the food is now purchased from small restaurants. In England the charwoman is now a relic of the past while so great is the aversion to physical work that a distinguished journalist regrets that for scrubbing the floor wages of 2s. 6d. for 2 hours' work in one day does not always secure maids of work.

No wonder, percentage figures for women diabetics are steadily going up, say 55 per cent. females, to 45 per cent. males, because the mere male is still the slave of circumstances and has to work hard for his living. Here in India, civilisation has a long leeway to make up. Dr. Bose's figures for Europeans in India is 53.7 females to 46.3 males, for Indians it is 83.7 males to 16.3 females, my own figures are even more startling, i.e., 92 per cent. of males and 8 per cent. females,

Naturally some of this disparity is due to Indian women not seeking treatment for what appear to be trifling ailments like thirst and polyuria, while males often discover them in the course of application for leave, appointments in services, etc.

### LEISURE AND THE MACHINE AGE

Here, in India, civilisation and the machine age have been able to affect only a very small portion of society. If the rice mill has displaced the *Dhenki* (indigenous husking apparatus) it has not meant more leisure but more leisure accompanied by starvation. The machine which have been introduced are few and their replacing of handcraft has led to disappearance of barest essentials of diet from the rice workers as the cotton mills have done for the weaver. They have not, therefore, increased the incidence of diabetes which requires more leisure and more food. Trams and buses, however, are an exception. They have introduced laziness and an inability to walk even short distances in people whose only exercise was walking.

Even without the machines the Bengalee is proverbially lazy. He will wait for the rain when his more robust opposite number in the U. P. would draw water from wells often 50 ft. deep and irrigate his land. Instances like this can be multiplied which explain why the Bengalee is being elbowed out of existence in economic sphere while, if he is able to get sufficient food, his laziness often helps him to get diabetes.

"Earn thy bread with the sweat of thy brow" is a very sound maxim indeed !

In the West increased incidence of diabetes coincides with a progressive reduction in hours of work. Factory legislation provided for 72 hours' with 50 years ago (in some countries 64 hours), then the hours of work were gradually brought down to 48 hours. Now the Front Populaire in France, no doubt, emulated by labour organizations elsewhere, had largely succeeded in bringing it down to 40 hours. In short, man is working less and less in the West to earn more and more. But the increased leisure for which man has no need except the pursuit of pleasure leads him to sickness and disease of which diabetes is no doubt one.

Similarly, high incomes are a very important aetiological factor. This world is a world of queer contraries. Poor people who work hard and require more food seldom get it, while people, who are well placed in life, naturally have too much to eat and too little to do. All the aetiological factors—leisure, overeating, obesity,—operate in the case of high incomes. I do not say, friends, beware of high incomes but beware of a high income without earning it.

Yet in this age of machines and big business, leisure and high incomes go together. This is all the more true for the U. S. A., where even in these days of depression million dollar incomes are plentiful. No wonder, diabetic figures are mounting up in that country. Not only in the U. S. A., but in the whole world the trend is towards a higher standard of living. It would be all to the good for India where standards are



pitifully low and do not assure even the modest *Dal Bhat* or *Dal Roothi*, and naturally infections play havoc amongst the starved and semistarved. But granting that, in the rest of the world a higher standard of living means a higher incidence of metabolic diseases.

The ætiology of diabetes has, therefore, to be considered as much from the sociological and economic aspects, and may I add a moral aspect, as from a purely physio-pathological basis and in assessing responsibilities for its increase, modern civilisation, which by its inventions and devices is making it possible for man to work less, eat more and to get a superfluity of leisure, must bear its share.\*

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\* Lecture delivered under the auspices of the Calcutta Branch, Indian Medical Association on the 1st October, 1936 and published in the Journal of the Association for April, 1937.

## Experiences with Potencies\*

ALIAN D. SUTHERLAND, M.D.

This is the fourth consecutive year in which I have appeared before this body as an essayist. I hope you are not growing tired of it. As I have stated here before, I love to talk; and when the opportunity presents itself to speak on any subject connected with homœopathy, I am more than eager to seize it.

To-day I present you nothing new in homœopathy, but merely add one more bit of testimony to the never-failing efficacy of the indicated remedy. If in your practices you have seen reason to doubt the efficiency of the homœopathic remedy, do not place the blame on homœopathy. Place it

\* Read before the Vermont Homœopathic Medical Society May, 1935.

where it belongs—upon yourselves. For if the results you obtain from the remedies you prescribe do not justify your choice of them, then the reason for failure lies, not with the principles by which they were prescribed, but with the manner of their choice and administration. Let me direct your attention to Paragraph 3 of the Organon, a part of which I quote :

If the physician clearly perceives what it is in disease in general and in each case of disease in particular that has to be cured . . . : if he clearly perceives what is the healing principle in medicine generally and in each medicine in particular . . . : if in the light of clear principles he can so adapt the healing virtue of the drug to the illness that is to be cured that recovery must follow, and if he has the ability to select not only the particular remedy whose mode of action is most suitable to the case, but also to choose the exact quantity of the remedy required . . . and the fitting period for its repetition . . . and in addition recognizes in every case the hindrances to lasting recovery and can remove them, then truly he knows how to build up his work on an adequate basis of reason.

This relationship between the disease, the drug, and the doctor should be uppermost in our minds whenever we are called upon to prescribe for a case of illness whether it be acute or chronic in nature.

The homœopathic prescription is predicated, first, upon a carefully taken history, and second, upon a thorough knowledge of the actions of drugs. The former is necessary because only in this way are we able to recognize what is curable in the disease for which the prescription is intended. The latter is needed because in this way only are the curative properties of drugs manifest. Having obtained, through careful observation and skilful questioning the symptoms of the disease and having selected through our knowledge of drug action the most similar remedy, the next question to be decided is that of dosage and repetition.

One of the chief laws of homœopathic therapeutics is expressed in Paragraph 242 of the Organon as follows :

. . . the counter-force chosen as exactly as possible for the removal of a natural disease-force should be so calculated that it will only just attain its object and will do the body no harm in any way through unnecessary strength.

The reason for this is obvious. Since the smallest quantity of medicine disturbs the organism least, we should choose the minimal dosage, provided that it is a match for the disease. Experience has shown that the very smallest doses of drugs chosen for their homœopathicity to disease are matches for the disorder for which they are chosen. If the disease is not accompanied by actual pathological changes in the structure of some important organ, there cannot be a dose of the homœopathically chosen remedy so small that it will not be stronger than the condition to be overcome. Hahnemann was led to this conclusion by his observation of the effects of drugs in ponderable quantity, even when homœopathically indicated. So many severe aggravations appeared following the use of the indicated remedy in crude form that he was led to the procedure of dilution in an attempt to eliminate these upward phenomena. Yet even in the higher dilutions the indicated remedy will show an accentuation of the disease manifestations, though in a mild degree, within a short while after its administration. This initial aggravation is a favorable sign for two reasons: 1. Because it indicates that the remedy has been correctly chosen, and 2. Because it shows that the remedy is capable of cure.

Now we come to the question of the repetition of the dose. One could spend the whole afternoon in the discussion of this particular phase of the prescription. I believe that this aspect of our art has been a greater impediment to the advancement of homœopathic skill in the individual physician than almost any other; the next is the minimum dose. The general rule is that the remedy should not be repeated as long

as improvement is apparent. This applies both to acute and chronic conditions. Frequently in the acute condition, repetition will be called for rather soon because the strong and active nature of the illness will quickly exhaust the action of the remedy. Yet even here the second dose should not be given as long as the favorable action of the first is evident. Nothing in nature is so sensitive as the diseased cell to the action of the similar remedy, hence needlessly repeated dosage may call forth not only severe aggravations but also set up symptoms that are provings of the remedy and which, if not recognized as such, will further complicate and cloud the disease manifestations themselves. A clear and undimmed picture of the diseased state must be present as a basis for accurate prescribing.

Concerning repetition in chronic conditions the same rule is applicable. Since the power of the remedy is less quickly exhausted in these cases, one must be still more cautious not to repeat the dose too soon. Severe aggravations are apt to be the result of over-anxiety to do something for the patient. It must be remembered that if the case is carefully taken and the remedy well chosen upon the indications, more is being accomplished toward the cure of the condition than with any other method of treatment. I believe that the use of the highly potentized drug is absolutely essential to the successful chronic prescription. It is surprising over how long a period of time the higher dilutions will act. Weeks and frequently months will elapse before it becomes necessary to give a second dose of the chosen remedy. It is remarkable, too, how well these cases get along in the meantime on placebo!! I am convinced that the use of the repertory is an indispensable aid in the choice of the remedy for these chronic cases. The condition is usually so deep-seated, so long lasting, and will present upon examination so many apparently unrelated symptoms, which may not be characteristic of any particular remedy, that it is impossible to reach any opinion as to the indicated medicine without the help of a good repertory.

Before terminating this paper I shall cite a few cases which I hope will be illustrative of the points I have discussed.

CASE 1. At two o'clock in the morning of Friday, February 1, I was called to see an eight-year-old boy who presented the following symptoms: Late in the preceding afternoon he complained of a sore pain in the tip of the left shoulder. At bedtime his mother noticed that he was hot and feverish. He was thirsty for cold water. His sleep was disturbed by restlessness and talking. He had a deep harsh cough at night. His throat was red and dry. His face and body were very flushed and gave the sensation of burning heat to the examining hand. The pupils were dilated. The temperature was 104°F. and the pulse was proportionately rapid. One dose of Belladonna 200 was given. I saw him again in the afternoon. At this time his temperature had dropped to 100°F. His left shoulder was sore to touch, but no longer pained him. He was coughing only occasionally. He was thirsty. He slept most of the time and sweated profusely during sleep. There was no other complaints. I felt that the case was showing favorable progress and therefore prescribed Sac. lac. The next day the lad was completely well and was allowed to return to school on the Monday following.

This was the family's first experience with homœopathy and to say that they were both astonished at the rapidity of recovery and pleased with the lack of intensive medication is putting it mildly.

CASE II. As 2 a.m. on the morning of January 30, a little boy, aged three, suddenly became delirious and feverish. He was restless and wished to be held. His face was very flushed, his ears were red. The skin was hot and burning to the touch. The mouth was dry and he was thirsty. The pupils were widely dilated. The temperature was 104°F. and pulse and respiration were both rapid. A single dose of Belladonna 200 was given. Within twenty-four hours the temperature was normal and the symptoms had subsided.

**CASE III.** A young man of 21 came to see me with the following complaints: Sore throat < on the left side, < by empty swallowing, swallowing hot drinks, swallowing food. The left side of the tongue was sore and made more so by touch and the act of chewing. There was a sensation in the throat as of a lump which could not be swallowed. There was pain in the lower molars on biting. The throat seemed full of mucus but hawking was very painful. The eyes ached dully and were < by bright light. He was alternately chilly and sweaty, and complained of great weakness. Sleep was disturbed by anxious dreams. He felt much worse in every way after sleep.

You have probably guessed the remedy, and you are right. A single dose of *Lachesis* 200 was given. Twenty-four hours later he was much improved and seventy-two hours after the remedy was prescribed he returned to his work.

*Lachesis* is frequently indicated in the sore throats of March and April. *Lachesis* is also a high ranking remedy for the sensation of a ball or lump internally. (Cf. *Lac caninum*)

(To be continued)

## THE NOSODES IN CHILDREN'S DISEASES

DR. RONALD M. TROUP

(From Pacific Coast Journal of Homœopathy, July, 1936).

(Continued from our October issue 1937).

X-ray, etc., confirming the diagnosis. There was complete consolidation of the right lung. Homœopathically treated, the case progressed to the crisis in good trim, but after a normal three days the case flared again, with dyspnoea and some bulging of the rib interspaces. The X-ray showed a high level of fluid in the right chest. Consultant said

empyema and advised puncture with rib resection to follow. Multiple punctures done in the course of the next few days revealed nothing but serous fluid. Operative steps were withheld. The case seemed to advance to one of a shortly fatal sort, in spite of all remedies exhibited. There was severe and rapid emaciation and marked dropping of the vital forces. Treatment was withdrawn and the case rescanned with the result that Tuberculinum in the C. M. was given as a single dose. A sharp and marked reaction soon occurred and in twenty-four hours the temperature dropped amazingly. All symptoms and conditions improved the case cleared steadily to such an extent that X-ray five days later showed no fluid present in the chest. A steady recovery ensued and the patient remained well for over a month. A second cold obtained at that time and a recurrence of the entire picture of chill, fever, fluid and exhaustion, was again presented. It was met by a second prescription of the Tuberculinum and was followed by the same reaction and clearance of the condition. The case was dismissed home in due season. Follow up over a period of a year and a half states that the child is robust and in thoroughly good condition and is developing well. A late X-ray is pronounced by the roentgenologist to be T. B. free.

It should be our endeavour to avoid the fixation of so many chronic illnesses in children. Conditions of the type illustrated have weapons of terrific power, in such remedies. We might not be so prone to blame the endocrines and the calcium imbalance if we were to place greater thought on the constitutional dyscrasias that are represented in these Nosodes. In this connection it would appear that there is much meat to be accrued from the laboratory investigation of the findings in provers of these modalities. It would seem too that one hope of avoiding much of the wrecking of adult health will lie in the eliminative treatment of children where the growth is still in a receptive state and the projection of such hereditary morbidity may be offset.

# The Homoeopathic Diet

By BENJ. C. WOODBURY JR., M.D., Portsmouth N.H.

*(Continued from our previous issue.)*

We must be constructive psychotherapists, advisory meta-physicians, homœo-therapentists.

Unless we can constantly hold before our patient's mind's eye, ourselves as examples of right living, right thinking, right practices, we shall fail in our great mission, the healing of humanity! In order to succeed as saviours of men, we must be each one of us, exemplary lives of our teaching on all three planes of our professed practice. Homœopathy is a grand constructive philosophy; and he who can comprehend its inner and basic principles, needs no better code of morality, mental perception, or guide to physical health. Without this dynamico-spiritual conception of the Hahnemannian School, the student will find his way beset with pitfalls, and his advance along the path to true knowledge of healing befogged by the screens of materialistic tradition and empiricism.

The injurious effects of certain obnoxious surroundings in the sick room have nowhere been better set forth, than in an article by Dr. C. Hering in the *Hahnemannian Monthly*, Vol. IX, entitled "Offensive odors from the Mouth."

The careful homœopathic prescriber knowing as he does the effects, in medicinal doses, of alcohol, wine, brandy, beer, in addition to the organic salts and traces of lead and sulphur which they are sometimes found to contain, as well as preservatives with which they are prepared, classes them under the general Head of aggravation from carbohydrates, in addition to their well-known stimulating properties.

Tea, coffee, cocoa, tobacco, all condiments such as pepper, mustard, ginger, nutmeg, red-pepper, etc., are classed under the particular drugs they represent (provings of practically all of which have been recorded), and in a general way may be classed as aggravation from drugging, to be antidoted by the proper remedy.



The above suggestions are by no means complete, but represent simply for the most part the Aggr. and Amelior. from Food and Drink as found in Boenninghausen. In addition to the possession of these valuable nuggets which the homœopathic physician already has at his disposal, careful study of the effects of EACH of these FOODS SINGLY, and in combination, in addition to our carefully recorded medicinal provings, will aid him to trace at once many cases of at first obscure origin, to such a source, and the careful removal of the offending article, with the proper remedial antidote, will result in a more rapid cure. At the same time, having acquired in a general way the effects of the three great classes of food stuffs, he will thus the more quickly divine from the patient's symptoms the source of error, if it were of dietetic origin, and be able the more readily to remove it.

If one has the desire to make a few personal observations, he will soon be able to determine that trains of symptoms such as biliousness, headache, blurred vision, sticking pains in the stomach or liver region, pains in the loins, back, chest and even of remote localities may be simply reflex from gastric or liver disturbances. If traceable to overeating, to the stomach; if to the liver, such symptoms will be found to be due to congestion from excessive ingestion of those portions of the dietary commonly dealt with by the liver, such as sweets, starches and fats; or again to excess of nitrogenous products, which are normally broken up into urea or elaborated into bile. Heaviness of the eyes, lack of animal heat, wrinkled parchment-like skin, corpulency, rheumatic and kindred disorders (in addition to excess of protid) may be found to be due to temporary indiscretion or habitual over-indulgence in starches and sugars. In a similar way lack of FAT or excess of the same will each produce its characteristic indications, the intake of proteids and carbohydrates at the same time remaining constant.

This cursory review is intended as a simple reminder of the far-reaching scope of knowledge necessary in the intricate process of homœopathic prescribing; a divinely given Art of Healing. Let us one and all see to it that it is more scientifically, conscientiously and divinely applied.—The Medical Advance, June, 1912

# Methods of Case Taking\*

EUGENE UNDERHILL, JR., M.D.

When a new patient presents himself at the office for treatment, the physician faces the problem of obtaining the necessary information on which to base the prescription and give advice. In homœopathic practice, especially in chronic cases, this is a large order if really constructive work is to be accomplished. Out of the maze of a life's entanglements, psychic, emotional, physical, hereditary and environmental, the physician must attempt to discern a pattern, a direction, something related to law and order.

After obtaining the routine preliminary data it is usually best to let the patient tell his own story with as few interruptions as possible. This affords a good opportunity to obtain the mental slant or the focus of the patient's mind in relation to his own case. The feeling that some one really cares and tries to understand means a great deal when one is sick or in trouble. It is the physician's duty to understand the needs of his patients, to sincerely want to help them. Hahnemann said, "The true physician is he who regards the humblest of men as his brother."

It is well to record the symptoms in so far as possible as the patient relates them at this first interview, but often this is secondary in importance to the broad, airplane view of the case and the establishment of a feeling of mutual confidence

NOTE.—A copy of the Case Record form herein described will be mailed upon request. This edition is experimental and is not for sale. Dr. Underhill's address is 2010 Chestnut Street, Philadelphia.

\*Read before I. H. A. Bureau of Homœopathic Philosophy.  
June 25, 1935.

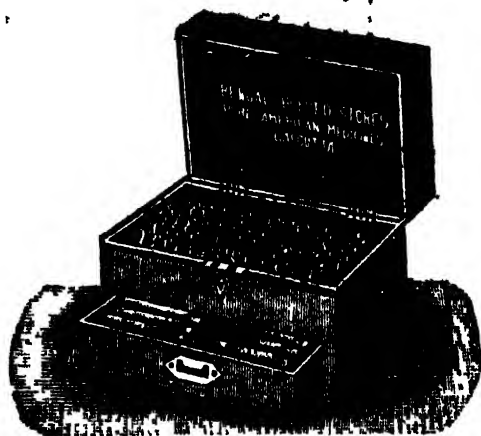
and respect. From a psychological standpoint the first interview is a very significant and determinative one. The opportunity to give the patient a lift, to buck him up and to enlist his whole-hearted co-operation is seldom greater than when the first lines of contact are being established between the patient and his physician.

One of the early steps in taking the case and one which can well be taken at the first visit is to obtain a representative menu for at least one or two days. List all foods and beverages taken at each meal and anything taken between meals or upon retiring. Constructive work along dietetic lines can be undertaken immediately by suitable correction of breakfast or lunch, the discontinuance of between meal snacks and bedtime refreshments, substituting the easily assimilated raw fruits and fresh raw unsweetened fruit juices in place of the usual indigestible dainties. Everyone's life is faulty. Our present day civilization is in itself pathogenic to a marked degree. Constructive case management should be undertaken at once. In chronic work, remedy selection can proceed with the utmost deliberation while the obstacles to recovery are being discovered and removed and the field cleared for remedial action. Order the discontinuance of all obviously harmful factors in the daily routine. Substitute health-producing measures in their place.

Before the patient leaves the office, give him some homework to do. Let him write out his symptoms or if you prefer, hand him a Case Record or Symptom Record form to mark or fill out. Such forms are necessarily more or less restricted in scope and should never take the place of personal effort on the part of the physician in eliciting the symptoms. The use of such aids in case taking should be supplemental. It is little short of remarkable how much information can be picked up in this way, and it makes of each patient a part time secretary to the physician on his own case. Moreover, there is a real incentive for him to do a careful piece of work.

(To be continued)

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5. Diseased teeth, Neuralgia
6. Diseased teeth, Neuralgia, Mumps.
7. Tonsillitis, Inflamed glands.
8. Angina Pectoris.
9. Pregnancy, Ovarian disease, Hysteria, Neuralgia, Abscess, Cyst or  
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spleen, Acute Rheumatism.
11. Stomach
12. Kidney and gall bladder.
13. Stomach, Ulcer, Cancer of omentum
14. Seat of pain reflected from the appendix (Appendicitis)
15. Uterus or womb
16. Cystitis, Neuralgia. Ulcer, Uterine or ovarian disease, Inflammation,  
Menstrual pains.
17. Ovary, inflammation or Neuralgia.
18. Ovarian disease.
19. Ovarian or uterine disease, Displaced uterus, Pilon Abscess.
20. Rheumatism Pericarditis, Bone tuberculosis, Locomotor Ataxia.
21. Rheumatism, Sprain at ankle

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**CHART 1**  
**Location of Pain.**

This is not an  
Anatomical chart,  
and does not show  
the location of the  
organs



The shaded portions in this chart indicate the location of the pain  
and the numbers refer, in the text, to the source of trouble



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— **Amrita Bazar Patrika** —

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# The Homœopathic Bulletin

Vol. X.

DECEMBER, 1937.

No. 7.

## The twelfth International Homœopathic Congress\*

The twelfth International Homœopathic Congress was held in Berlin from August 6 to 15, under the patronage of Reichsminister Rudolf Hess, Deputy Führer, and under the Presidentship of Dr. Hanns Rabe of Berlin and of Dr. Gagliardi of Rome, the latter in his position as President of the Homœopathic League.

There are those who have doubted the value of these International Assemblies for various reasons. That language is a barrier all will admit, but that insularity is not an insuperable barrier even to the imperturbable Scot, is shown by the fact that on this occasion Dr. John Paterson of Glasgow, delivered his paper in German, a compliment to our hosts which was widely appreciated. The fact to that despite a legend to the contrary, our German hosts are blessed with a keen and sensitive gift of humour lent more than spice to their obvious enjoyment of our attempts at speaking the German language. There was, of course, a very natural pride in the remembrance that Hahnemann was a German, this added to the knowledge that delegates had gathered from twenty-three different countries to do honour to the founder of homœopathy led to a warmth of reception rarely paralleled, though there was little doubt that we were welcomed for ourselves as well as for the associations which we represented.

To do justice to the magnificence of the hospitality both official and personal is impossible. Much of this was due to the personality of Dr. Rabe and his charming wife, of the organizing Secretary, Dr. Kranz, of Wiesbaden, and to the co-operation of the Government of the Reich as represented by the patronage of the Deputy Führer.

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\* The British Homœopathic Journal.

If one were to criticize the scientific proceedings it would be only to say that one missed the full opportunity for discussion, without which, one believes no scientific meetings are complete. It is satisfactory to learn that next year when the Congress will meet at Monaco all papers will be printed in full beforehand and the meetings will consist almost entirely of discussion.

To be critical of the proceedings is in no way to detract from the standard of the papers delivered, many of which we hope to be able to publish in this Journal.

What struck one more than anything else was the diversity, as it is in this country, of the practice of homœopathy from the pure Hahnemannian, if one may thus grade it downwards.

There was an insistence not unwelcome on trying to obtain pharmacological and even pathological symptoms with which to reinforce one's choice of a drug. It has always been an argument difficult to refute that in a large number of cases the choice of drug is a "gamble" depending on many variable factors beginning with the value of the symptoms provided by the patient and ending with the individual prescriber's ability and intuition. The degree of error possible is much greater than any similar prescription in orthodox medicine where the administration of most ordinary remedies will have a pretty certain result that, e.g. a purgative or analgesic or diuretic, etc., will act and so forth. These may be only palliative, but the patient rarely discriminates between what is palliative and what is curative, at any rate in acute disease. Provings have rarely been pushed to the stage of producing pathological signs, but the records of poisonings have given us many such signs of value in prescribing. It is not unreasonable to suppose that drugs which we know do affect favourably such diseases as typhoid though not necessarily prescribed for the diseases, should have some almost specific effect, e.g. on the white blood system. Typhoid and influenza typically give, e.g. a leucopenia. Other conditions give an eosinophilia, others a relative lymphocytosis, polymorph leucocytosis, &c. This must mean something, what we do not yet know, but it is not unreasonable to suppose

## The Twelfth International Homœopathic Congress

that certain remedies known to produce such a blood-picture would be much more likely to come into consideration than some others which did not show this change. This is true of another sign, e.g. slow pulse. Gelsemium has a slow pulse-rate compared with the temperature, a state of affairs which would make one at once think of typhoid and influenza, and vice versa. Work of this sort seems to appeal to the German scientific mind and is exemplified in some of the papers delivered at this Congress, one of which from the Leipzig school we hope to publish in this issue. The actual provings when translated (will be given in subsequent issue. Apart from its value in prescribing this sort of work is of inestimable value in its appeal to interested orthodox inquirers who are frequently at sea when confronted by the mental and general symptomatic method of choosing a remedy.

The official recognition of homœopathy in Germany has led to some interesting developments. In the Virchow Hospital, Berlin, of over two thousand beds, there has been set aside a block of about eighty beds for homœopathic treatment. The Congress delegates were able to see over this establishment. One was interested to hear how the cases were chosen for admission. Patients are sent from the Polyclinic (analogous to our outpatient department) and only those who express a preference for homœopathic treatment are sent to the homœopathic block. One noticed in passing that the dispensary contained no drugs beyond 6D. Official figures were not available of the number of homœopathic physicians in Germany, though unofficially it was put at 600 with many more to the number of three to six thousand who practise some homœopathy it is said because their patients demand it! There is one school of thought in England who hold that homœopathy will never increase in this country until a similar demand exists amongst the laity and that therefore propaganda should be directed more to the public than to the profession!

There is much that we can learn from one another, whether it be in methods or even in organisation. German homœopathy

## HOMŒOPATHIC BULLETIN, DECEMBER 1937.

it would now seem is about to have equal chances with the orthodox body. University professors of surgery are asking their homœopathy colleagues to prescribe in their wards in certain cases. We who are still fighting for this privilege in our own hospitals will watch the experiment with hope and not a little anxiety, that they may be expected to perform the impossible. Here again one wonders which is likely to offer the best results. This method, or like Glasgow, where the surgeon is called on by the physician to operate, but not to treat so that every patient is a medical case even with surgical intervention. The use and abuse of such modern aids as transfusions, saline and otherwise, must indeed modify the whole of the patient's metabolic processes, and in the present state of knowledge not necessarily for the better.

The complete alteration of the content of the circulatory system by the continuous administration of, e.g. salines by the venous route creates an altogether new problem for the physician, and considering the subtlety of the action of the homœopathic dilution one feels may nullify its effects. Fluid alone, or some such physiological solution as Ringer's may be, though even here there must be dilution and alteration of, e.g. immune bodies and other constituents of the blood-stream.

Where these methods are in the hands of the surgeons and not of the physicians, one feels that the best results will not and cannot be expected when drugs are administered to patients with such a grossly modified metabolism.

The law of cure as expounded by Dr. Pierre Schmidt is such a subtle and beautiful one, that anything which might mar its effects must be viewed with suspicion. The *vis medicatrix naturæ* may be a figment of the Middle Ages, but it still is the most potent force in medicine. The aim of homœopathy is to harness this force.

Other methods there are which try to influence this or that system, but there is no other which even attempts to touch the very life force itself. It is a difficult task, it may be an ideal, but *per ardua ad astra!*

# **THE ALL-INDIA HOMOEOPATHIC MEDICAL CONFERENCE.**

Sixth Session in December, 1937.

Tangail. (Bengal.)

DEAR DOCTORS,

The Sixth Session of the All-India Homoeopathic Medical Conference will be at Tangail (Bengal) in December 1937, the exact dates to be notified hereafter in due time, and I, on behalf of the Reception Committee, All India Homoeopathic Conference, Bengal, beg to invite all Homoeopathic practitioners, patrons and sympathisers of Homoeopathy to attend the forthcoming Tangail Session in as large a body as can be expected for the immense importance of the Session. The system of Homoeopathy though deep-rooted in the soil of India is yet lacking in recognition by the State. Agitations for the recognition have been simultaneous both in the west and the east. The western efforts have been crowned with success in many countries and the eastern efforts in this matter have made a great head-way to justify a vigorous pushing agitation for attainment of immediate recognition. The time seems to be ripe for the happy fruition of our end. Our success chiefly depends upon our unity, so I earnestly appeal to all, practitioners and lay sympathisers to muster strong in this session and make the session a unique success by paving the way to State recognition in the immediate present.

Fees for Reception Committee membership and for delegation have been fixed at Rs. 3 and Rs. 2 respectively and will be received by the General Secretary, Reception Committee. All provincial, District and Local Associations and Homoeopathic Institutions, are requested to send in the names of their nominees for the President of the ensuing Sixth Session on or before the 15th November, 1937, to Dr. Prabal Chandra Chatterjee, General Secretary, Reception Committee.

All academical papers and proposed resolutions should be sent in typed copies in duplicate to the General Secretary, Reception Committee, at least one week before the date of the Session. All communications are to be addressed to the General Secretary, Reception Committee.

Yours fraternally,

**PRABAL CHANDRA CHATTERJEE.**

*General Secretary, Reception Committee.*

# The Cure of Osteomyelitis by Homœopathic Remedies\*

C. P. BRYANT

(Seattle, Washington)

. . . . . Let us first keep in mind the one great essential in homœopathic prescribing, namely, that we are treating the patient and not a specific bone condition. Any remedies suiting the constitutional make-up of the patient will cure his osteomyelitis. However, there are many specific indications pointing to definite remedies with marked local manifestations.

In the early stages :

**MEZEREUM** : Periostitis before the stage of suppuration ; worse from touch ; nodes ; necrosis ; and nocturnal bone pains ; exostosis of tarsal bones. (*Platinum muriaticum*).

**CALCAREA PHOS.** : Especially following fractures when there is poor union and threatened infection. (*Ruta* .

**AURUM MET.** : Caries of cranial bones and bones of the palate are especially indicated ; lues, especially of the nasal bones and mastoid. Sore pain which is worse at night with sore nodes under the scalp. Better in the open air. The discharge is foul, purulent and bloody, often with exostosis

**NITRIC ACID** : Mastoid and nasal bones ; foul discharge greenish casts ; putrid breath , splinter pains ; craves chalk, indigestible things ; clean tongue ; bloody saliva.

One of the most striking cures made of an old syphilitic osteomyelitis, which happened to come under my care, was permanently cured by this remedy in the brief period of about eight months. The foul discharge and disagreeable odor disappeared within three weeks. Complete perforation of the nasal bone closed in with a fibrous partition. The patient, who had been treated for some years under old school therapy, showed sufficient gratitude for the miraculous action of this remedy that he insisted upon doubling my fee

\* Read before the Bureau of Homœopathy at the Ninety-third Annual Convention of the A. I. H. in Boston, Mass., June 13-17, 1937.

**SILICEA** : Curvature of bones, rickets ; here it is often the clearly indicated remedy ; there is present offensive sweat. Hip-joint disease. Caries after inflammation, worse from cold. Pott's disease. It is a slow acting remedy. Ripens abscesses, fistulous burrowings ; chilly—hugs fire ; sweaty, cold hands and feet, wraps head.

This remedy gave the most gratifying cure in a young athlete with an old osteomyelitis of the right humerus, threatening to involve the glenoid cavity. This patient had been operated on four times and had been urged to undergo a fifth complete bone curetting. In four months the sinus was practically closed, the patient regained full use of the arm, and is to-day the outstandiug player on the champion basketball team of the city of Seattle.

A second striking cure was that of a lad, ten years of age, with a long standing tuberculous osteomyelitis, who was urged to undergo a seventh surgical operation. Under silicea this boy made a complete recovery within eight months and at this writing, two years after the administration of silicea, the bone remains perfectly healed.

These remedies have been prescribed in varying potencies of from 200 to C.M.

**ASAFETIDA** : Extreme sensitivity, thin ichorous discharge, terrible throbbing, especially lues, worse at night, especially tibia.

**CALCAREA FLUORICA** : Caries hard knots, indurated glands varicosities ; boring pains.

**FLUORIC ACID** : Worse long bones, better motion, luetic plus (merc) . Turns against those he loves best. Dental fistula ; temporal mastoid processes excoriating discharge, pains burning and intermittent. Follows silicea well (Silicea being worse from cold)

Dr. Luther Peck, of Plymouth, Michigan, relates a case of maxillary necrosis in which silicea followed by fluoric acid and then calcarea fluorica completely cured. These three remedies are excellent jaw remedies.



**HEPAR** : Scrofulous ; sensitive to all impressions. Worse slight draft, all slight wounds suppurate. Lymphatic constitution. Eruptions and adenitis. Promotes discharge of all suppurative processes. (Merc. high early aborts) Craves sour, splinter pains, lesions spread by papules around old lesion.

**MERC. VIVUS** : Lacerating pains sweats without relief, worse at night, foul discharges, adenitis. Profuse saliva with great thirst ; foul breath ; spongy bleeding gums ; metallic taste. Tongue takes indentations of teeth, worse warmth of bed. (Op. hepar.) Tencsmu

**PHOSPHORUS** : Lower jaw ; tibia ; restlessness especially legs, worse lying left side ; craves cold sour ; fearful.

Now under care a male age twenty-eight, an oil driller by occupation, was struck in the right lower jaw by Stillson wrench. Not only a very aggravated case osteomyelitis, but a diagnosis of malignancy was made. A number of small sequestra have discharged from the jaw. There is profuse and purulent discharge of extremely foul odor. The remedy alone has been used in this instance, starting with 200th potency, while this patient has not yet made a complete recovery, his progress is rapid ; old sinuses are gradually closing, and the foul odor practically gone. There is every reason to expect a complete recovery in this case

**STRONTIANA CARBONICA** : Caries of long bones with an exhausting diarrhœa. Osteitis discharging bone.

**STILLINGIA** : Syphilis of the long bones, periostitis and otitis worse at night and in damp weather. It is of striking benefit in secondary syphilitic nodes.

**HECLA LAVA** : Osteomata of spongy nature are greatly improved and cured even by this remedy. Swelling of bones of jaw after extraction of teeth with violent pains. Caries of maxillary bones

**CALCAREA CARBONICA** : Baehr claims that this remedy is superior to any in caries of the vertebrae. Curvature of spine. Rickets, sour sweat.

**PHOSPHORIC ACID** : Hip disease and caries of spine. Sensation in the bones as if scraped with a knife. It is a remedy which corresponds to the extreme debility found in rickets and is a valuable remedy in that affection

# A SENSITIVE SUBJECT

DR. DUDGEON.

Many cases of extreme sensitiveness to the action of some medicines have been recorded, but probably none has ever exceeded or even equalled the sensitiveness to the action of all medicines of that singular and mysterious being Caspar Hauser. This unfortunate young man was found by the police aimlessly wandering about the streets of Nuremberg in the spring of 1828. He was placed under the care of Professor Daumer, who taught him to speak, and gradually elicited from him that he had hitherto lived in a dark underground cellar and fed on black bread and water. He had been deprived of all intercourse with his fellow-creatures, and though of mature age he had at first no more intelligence than a baby. However, he showed a remarkable power of learning all that was taught him, and rapidly acquired the power of speaking, writing, doing simple sums in arithmetic, drawing and playing on the piano. For a long time he was painfully affected by bright light and loud noises. He could distinguish colours in the dark, and felt acutely the slightest blow or touch and strong perfumes would bring on convulsive attacks. For long he would not eat anything but the black bread on which he had been reared. He was very subject to convulsive attacks, and he soon became seriously ill, for which he came under the treatment of Dr. Preu, an ardent homœopathist, who has given an account of his medical observations on this remarkable patient in the eleventh volume of the *Archiv für die hom. Heilkunst*.

Dr. Preu found that the simple lessons he was taught caused an increase of the convulsive movements, and brought on severe headache; so the lessons were discontinued and he was allowed to play about in the garden and have moderate horse exercise. In about ten weeks he was pretty well, and it was found that he had grown two inches taller. But his extreme sensitiveness to external impressions remained. A mere touch of the bare

hand he felt like a blow. If the hand that touched him wore a glove he did not feel it so much. All excitement brought on convulsive movements in the face and left arm. His acuity of vision was extraordinary; at a distance of one hundred paces he could count the berries on a bunch of elderberries; he could tell colours in total darkness, and he saw best in twilight. His sensitiveness to odours was extreme. A bottle of perfume opened in his room caused convulsive movements. He said it caused a painful sensation in the head that extended to the eyes, went down both sides of the head through the cheeks in a line on both sides, which seemed to unite in the stomach, where it caused a pressure in the scrobiculus cordis, followed by eructation and waterbrash. In a quarter of an hour only the headache and pain in eyes remained. He longed for the open air. After walking a little he had chills with repeated eructations, followed by heat, and lastly sweat on the forehead.

His diet, which had hitherto consisted of black bread and water, was gradually changed to vegetables, soup, milk and white bread. It was long before he could be induced to take animal food, but after three or four months he ate and enjoyed a plentiful meal of meat.

He was a good medium for mesmerism and chairvoyant. He had many premonitions of coming events. He foretold his attempted assassination of the 17th of October, 1829. (He was really assassinated a few months later.) He could tell the approach of his tutor, without seeing him, at 125 paces distant. A thunderstorm affected him powerfully. It caused convulsive movements in face and limbs, a feeling as if everything inside of him was loose and in motion; he shivered frequently, had a feeling of pressure in the head, and all this lasted till the storm was over, when his nose bled and the head was relieved. The lightning flash caused a pricking as with needles in his eyes. The lunar changes acted remarkably on him. Just before full moon he felt unwell, had oppression of chest, rigor all over the body even when the weather was warm or he was in a warm room. As the moon waned he felt better.

Dr. Preu gives a detailed account of the effects of medicines on Caspar Hauser. Sulphur. Smelling at a bottle containing the 3rd dil., he perceived an odour like alum in the nose, and a vesicular eruption appeared on a part of his face where he had long since had a similar eruption. In ten minutes the vesicles had developed and burst. He next had repeated loose stools. The second and third day epistaxis. During the next three days he developed many of the Sulphur symptoms recorded in Hahnemann's proving and also some new symptoms, such as : Hot feet, tightness of skin of feet when walking, his breathing was easier when lying on the left than on the right side, palpitation on going to sleep. When looking up, bits of gold seemed to fall before his eyes; on looking at anything he saw blue, green and red stripes. When walking in the open air his hands perspired so profusely that his gloves were completely soaked. Many of these symptoms recurred during the next three weeks.

SILICA. Smelling at a bottle filled with globules of the 30th dil. caused him immediately to perceive various odours, viz. : of wine, of sugar, and another indescribable odour. He grew pale, tottered and felt as if he had received a violent blow. He said he felt the medicine first in his head, then in his body and all his limbs, then back to his head, and his forehead was covered with perspiration. Next nausea. After half an hour violent eructation, at first odourless, then with a peculiar smell perceptible to the bystanders. Besides many other of Hahnemann's symptoms he complained particularly of the following symptoms, some of which are not to be found in Hahnemann : something alive running about in his head, shooting in eyes, pupils dull, a red spot on lower lid, burning in eyes and lacrymation. During the second and third days, pressure in eyes down to the chin; shooting from nape to right ear; red sediment in urine; for four days the hair fell out in large quantities; for five days headache when walking; once when he struck his foot against something he felt a violent pain in his head as if the brain would be forced out,

For seven days he loathed meat. On the twelfth day nausea and a recurrence of the peculiar odour, followed by vomiting of bitter water and mucus; then a red eruption on forehead and below eyes and headache. Fetid mucus on the tongue. Great prostration, cannot write; eyes affected, cannot read, eyes water. For fourteen days ringing in ears, chiefly in afternoon. Affrighted starting; stitches in feet and burning in all limbs. After two weeks a sensation as if something pressed upon head and as if a thread were bound round the head. During all this time the night perspiration was increased.

**IPECACUANHA.** While making a morning call in a house where there was a strong smell of varnish he was attacked by a violent and continuous spasmodic cough. When this had lasted from 3 till 8 p.m. he was made to smell at a bottle full of globules of Ipec 6. The cough was thereby immediately increased, but ceased completely in a quarter of an hour. Then came on heat, violent pain in chest and head and inflamed eyes. If he lay on his left side he had dyspnea, with pressure and stitches in the left side of chest, as though he should be suffocated. Great sensitiveness of the hearing. Groaning; cannot hear what is said; sleepless night. In the morning expectoration of greenish-yellow mucus with some blood; jaundice all over body. For this he had to smell.

**NUX VOMICA 6.** Immediately aggravation followed in half an hour by amelioration; at noon, tongue white, great pain in throat, much mucus mixed with blood from mouth; second night, sleepless; third day, chilly, during the day alternate heats and chills; vomiting at night, much blood from throat, third night, sleepless; fourth day commences with feverishness; burning in throat when swallowing soup. For many days there remained prostration, weakness, disturbed sleep, weakness of eyes, inability to do mental work.

**SEPIA.** Smelling at the 30th dil. caused a great number of the symptoms recorded by Hahnemann and some others. The voice became rough, as from catarrh. Speech was slow; gait unsteady. In the afternoon a febrile attack like that

recorded in the pathogenesis. Sudden, burning eruption in the neck that declined towards evening. Face very red, veins of arms and hands distended. When walking in the evening felt as though ants crawled up his legs to the pit of his stomach, when he felt pressure in chest; profuse sweat, pain in limbs. The febrile attack lasted an hour, and ended with violent rigor. Great prostration next day, pressure in forehead. In bed before falling asleep tearing pains in joints and other parts of body. Night sweat so profuse he had to change his nightshirt. Second day, in evening ringing like a bell in right ear with headache; then he felt as if a drop fell down, on the right side of the head, whereupon the ringing ceased but the headache increased.

ARNICA. One day he got a blow on the right hipbone. The pain from it spread up the back to the nape, then came a tearing pain in left eye, with heat of body and headache. The bruised part remained painful and he could not lie on his back. For this he got Arnica (dilution not stated) to smell. He had the same pain as from the blow but in a reverse order. It was first in his head, then in the left eye, and then a tearing pain from the nape down to the bruised spot; then the pain spread back to the nape, a chill came on and the pain ceased.

CALCAREA. As Caspar<sup>9</sup> Hauser was at this time (August, 1829) gaining flesh, and as he objected to being fat, this medicine was given him in the 30th dil. by olfaction. (Hahnemann says it is useful in the obesity of youthful subjects). Immediately there occurred cough and compression of head; strong smell from mouth; feeling of debility after stool. The second day already the clothes had become looser. He became excoriated by walking and riding; loathing at meat; great falling out of hair; swelling of veins of hands with heat of face. He daily decreased in size.

Caspar's attempted assassination on the 17th of October, 1829, interrupted the series of experiments with medicines for a while. The wound and the shock threw him back into his

previous condition of hyper-sensitiveness to all external impressions, and it was long before he recovered from the effects. His restoration was chiefly effected by mesmerism, to which he was extremely responsive. Lycopodium also was of use. After this Caspar passed out of the care of Professor Daumer and Dr. Pren, and, as is well known, a second attempt at assassination proved more successful than the first and terminated the career of this mysterious and interesting youth, and deprived homœopathy of any further revelations in respect to the influence of minute doses on a subject of such exceptional sensitiveness—Homœopathic World, Oct, 1, 1897.

## “ Menopause ”

FRED SIEGMUND, M.D. Los Angeles

(Continued from our November issue 1937)

The appearance of characteristic vasomotor phenomena in some cases following the artificial and the natural menopause, led observers to infer that the withdrawal of partial ovarian influence is in some way responsible for the onset and persistence of these symptoms. A clue to the mechanism involved has been obtained from the hormonal determinations of the blood and urine. Zondek found that the transition from full reproductive function to its complete extinction may be divided into three phases: the polyhormonal phase, in which excessive amounts of estrogenic substance are excreted in the urine; the oligohormonal phase in which the estrin content of the urine is diminished or absent; and the polyprolan phase when estrin is no longer present and increased quantities of the follicle-stimulating factor of the anterior pituitary gland (prolan A) are found in the urine.

These findings have been variously interpreted. Some observers contend that the appearance of the menopause symptom-complex is due to a withdrawal of estrin. They point to the fact that symptoms appear following castration in some

## 'MENOPAUSE'

women; that they frequently occur during the oligohormonal phase of the natural menopause, being mild or absent during the first or hyperhormonal phase; that they may appear for the first time in postmenopausal women following the removal of estrinproducing granulosa cell tumors of the ovary; and finally, that improvement follows the administration of adequate amounts of estrogenic substances. An opposite view is held by Whitehouse, who found that the administration of estrin may actually aggravate the symptoms in some climacteric vasomotor phenomena, which are sometimes due to the presence of excessive amounts of estrin in the body tissues. He attributes the relief sometimes noted following the administration of estrogenic substances to the occasional uterine bleeding they produce, which results in the depletion of the estrin store of the body. In this connection, it is interesting to note the occasional appearance of vasomotor phenomena, reminiscent of the symptomatology of the menopause, in "premenstrual tension," as well as in some cases of "polyhormonal amenorrhœa," conditions frequently associated with excessive amounts of estrin in the blood. The relief experienced in such cases following uterine bleeding which reduces the concentration of estrin in the organisms suggests a causal relationship and bears out the conclusions reached by Whitehouse.

It has been suggested that hyperactivity of the anterior pituitary gland may be responsible for the menopausal symptom-complex. The increased excretion of prolactin A frequently observed during the later stages of the menopause and the characteristic structural changes noted in the gland itself have been offered as evidence of hyperfunctions. Whether an absolute increase in function occurs, due to the removal of the supposed inhibitory influence of the ovary, or whether the increase is merely relative, due to non-utilization of the anterior pituitary sex hormones by the gonads, is not certain.

It is probable that the above theories may apply to some of the cases of the symptomatic menopause, although a constant relationship between the appearance of symptoms and the



presence or absence of estrin or prolan A in the blood and urine, has not been conclusively demonstrated.

The functional alteration of the anterior pituitary gland, which follows the removal of ovarian influence, may involve not only the gonadotropic but also the thyreotropic, adrenaltropic, diabetogenic and other hormones, which are thought to be produced by this gland. The character and severity of the symptomatology that may arise following these functional alterations will depend upon the constitutional, endocrine and nervous status of the individual. In some women, endowed with a sound endocrine and nervous system, troublesome symptoms may be absent, or if they occur, are mild and transient in character. In the less fortunate women, possessing an inferior constitution or harboring a latent endocrinopathy, the functional alterations incident to the menopause may result in more or less severe manifestations. This may account for the protean nature of the climacteric symptomatology which is frequently reminiscent of thyroid, adrenal or pituitary imbalance, and for the high incidence of diabetes mellitus, obesity and other metabolic manifestations at this phase of life

**TREATMENT.**—Endocrinology has been used extensively for the relief of the symptomatic menopause, but the subjective nature of the symptoms and the marked psychoneurotic hyperirritability incident to this phase of life makes it difficult to evaluate the results of such therapy. Estrogenic substances (theelin, amniotin, emmenin) have been used in varying doses, with the aim of replacing an important missing factor. Some find these preparations are of little or no value, while others report brilliant results following their use. Unfortunately, the authors reporting success for the most part have failed to use controls and did not take into account the possibility of spontaneous adjustment. They made no systematic attempt to eliminate psychic factors, the importance of which has been emphasized by the experience of several observers, who have noted improvement in a large percentage of cases following the hypodermic injection of normal saline solution. In any event,

## " MENOPAUSE "

until more is known of their value, the estrogenic preparations, if used, should be administered only in cases showing an absence of this substance in the blood and urine, for otherwise they are superfluous and may even exaggerate the condition.

X-ray irradiation of the pituitary has been employed with the aim of suppressing the hyperactivity of the gland, which is thought by some to be responsible for the climacteric symptom-complex. Good results have been reported by some investigators following such treatment, but, as with organotherapy, psychic factors and the possibility of spontaneous improvement cannot be ignored. Because of the possible danger of damage to the adjacent nerve centers. I would caution against its use.

The estrogenic preparations have been employed in the treatment of gonorrheal vaginitis, pruritus vulvæ, disturbances of lactation and many other conditions with which the connection would appear to be more remote. Their use in gonorrheal vulvovaginitis in young girls is based upon the assumption that estrin may vascularize and develop the delicate vaginal mucosa, thus rendering it more resistant to the infection. Provided that the dosage employed is not so great as to hinder the normal development of the ovaries, this form of therapy appears rational and promises to be of distinct value. Improvement has also been noted following the administration of estrin in the treatment of pruritus vulvæ in menopausal women, but the cases are too few to be conclusive.

—*Pacific Coast Journal of Homæopathy.*

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## Peculiar Headaches

Dr. S. T. SHANNON, M.D.

Headache above the eyes immediately after breakfast:  
lycopodium.

after bathing in the river: antimonium crud.

after checking the menses by a warm bath:  
ethusa.

**Headache after drinking milk : bromium.**

- „ after every meal : bryonia.
- „ after insufficient stool : aloë socc.
- „ after taking thick, sour milk : natrum phos.
- „ all over the head at 12:30 a m. arsenicum iod.
- „ alternates with colic : cina.
- „ alternates with lumbago : aloë socc.
- „ alternates with pain in small spots on the lower limbs : arnica.
- „ alternating with diarrhoea : podophyllum,
- „ and palpitation increase and decrease together : calcarea arsen.
- „ as from a band around the forehead : antimonium tart.
- „ as from a nail thrust into the temple : arnica.
- „ as from a plug thrust into the head by increasingly severe blows : sulphuric acid.
- „ as if a hot iron was bound around the head : aconite.
- „ as if the brain was moved or raised : worse by motion, drinking, talking, or sunlight : aconite.
- „ as if the hair was pulled : aconite, alumina, arnica, cantharis.
- „ bathing relieves : lactic acid.
- „ before the chill : arsenicum alb.
- „ begins in the left side and goes to the right : sulphur.
- „ begins in the occiput and settles over right eye : chelidonium, sanguinaria.
- „ begins in the occiput and spreads over the whole head : glonoinum.
- „ begins in the occiput and spreads to the top of the head : calcarea acet.
- „ begins with blinding of the eyes : natrum mur.
- „ better after stool : oxalic acid, belladonna.

Dr. S. T. Shannon, M.D.

Headache better after bending head back : apis mell., rhus tox.

„ better by letting the hair hang loosely : belladonna, glonoinum.

„ better by looking to one point : agnus castus, sahadilla.

„ better from motion on the pillow : arnica.

„ better from tight bandaging : apis, argentum nit, calcarea ost.

„ better by concentrating the attention on it : palladium.

„ better by tying up the head : bryonia.

„ better by emissions of flatus : cicuta, sanguinaria.

„ better from mental effort : calcarea arsen.

„ better from pressure : apis mell., argentum nit, belladonna, china, ferrum met., glonoinum, pulsatilla.

„ better from looking cross-eyed : oleander.

„ better when stooping : belladonna, cina, conium, ignatia, hyoscyamus, jacea, mezerem, nuxvomica, viola tri.

„ cannot lie down during : celendula, glonoinum, theridion.

„ caused by hunger : elaps, silica.

„ ceases during the menses : cepa.

„ ceases on lying down : belladonna.

„ ceases on one side of the head but continues more violently on the other side : natrum mur.

„ ceases on the onset of the menses but returns afterwards : allium cepa.

„ ceases while eating but returns and remains until food is again taken : lilium tig., lithium carb.

Headache changes place, now in one part of the head and now in another : *symphytum*.

„ changes from side to side : *china*, *lilium tig*, *pulsatilla*.

„ with desire for coition, *sepia*.

„ with coldness of the left hand : *ambra grisea*.

„ compel him to stand or walk : *china*, *gelsemium*, *kali bichr*.

„ disappears after eating : *lycopodium*, *physostigma*.

„ disappears on thinking about it : *cicuta vir*.

„ everyday at the same hour : *actea rac*.

„ every time she goes shopping : *sepia*.

„ the rectum does not fall down during and vice versa : *arnica*.

„ ends with a thin stool : *æthusa*.

„ from ironing : *hyonia*, *sepia*.

„ from slightest mental effort : *natrum carb*.

„ from the weight of the hat : *calcareo phos*, *oroton tig*.

„ hunger causes headache : *silica*.

„ hungry during : *elaps*, *phosphorus*, *p-orinum*.

„ in the morning on the right and in the afternoon on the left side : *bovista*.

„ in the vertex, ceases in the open air : *aconite*.

„ in spots : *oxalic acid*.

„ is better by washing the head : *antimonium tart*, *asarum*, *cantharis*, *indium*.

„ is felt even during sleep : *chamomilla*, *graphites*.

„ is better by motion : *bismuthum*, *dulcamara*.

„ is better by motion or touch : *bismuthum*.

„ is better by emissions of flatus : *cicuta*, *sanguinaria*.

„ limited to a small spot over the left orbital ridge : *aconite*.

„ mostly on the right side : *apis mell*.

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after bathing in the river: antimonium crud.

after checking the menses by a warm bath:  
sthusa.

## HOMOEOPATHIC BULLETIN, DECEMBER 1937.

**Headache after drinking milk : bromium.**

- „ after every meal : bryonia.
- „ after insufficient stool : aloë socc.
- „ after taking thick, sour milk : natrum phos.
- „ all over the head at 12:30 a m. arsenicum iod.
- „ alternates with colic : cina.
- „ alternates with lumbago : aloë socc.
- „ alternates with pain in small spots on the lower limbs : arnica.
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- „ as if a hot iron was bound around the head : aconite.
- „ as if the brain was moved or raised : worse by motion, drinking, talking, or sunlight : aconite.
- „ as if the hair was pulled : aconite, alumina, arnica, cantharis.
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**Dr. S. T. Shannon, M.D.**

**Headache better after bending head back : apis mell., rhus tox.**

„ better by letting the hair hang loosely : belladonna, glonoinum.

„ better by looking to one point : agnus castus, sabadilla.

„ better from motion on the pillow : arnica.

„ better from tight bandaging : apis, argentum nit, calcarea ost.

„ better by concentrating the attention on it : palladium.

„ better by tying up the head : bryonia.

„ better by emissions of flatus : cicuta, sanguinaria.

„ better from mental effort : calcarea arsen.

„ better from pressure : apis mell., argentum nit, belladonna, china, ferrum met., glonoinum, pulsatilla.

„ better from looking cross-eyed : oleander.

„ better when stooping : belladonna, cina, conium, ignatia, hyoscyamus, jacea, mezerem, nux vomica, viola tri.

„ cannot lie down during : celendula, glonoinum, thérídion.

„ caused by hunger : elaps, silica.

„ ceases during the menses : cepa.

„ ceases on lying down : belladonna.

„ ceases on one side of the head but continues more violently on the other side : natrum mur.

„ ceases on the onset of the menses but returns afterwards : allium cepa.

„ ceases while eating but returns and remains until food is again taken : lilium tig., lithium carb.



**Headache changes place; now in one part of the head and now in another : symphytum.**

„ changes from side to side : china, lilium tig, pulsatilla.

„ with desire for coition, sepia.

„ with coldness of the left hand ambra grisea.

„ compel him to stand or walk : china, gelsemium, kali bichr.

„ disappears after eating : lycopodium, physostigma.

„ disappears on thinking about it : cicuta vir.

„ everyday at the same hour : actea rac.

„ every time she goes shopping : sepia.

„ the rectum does not fall down during and vice versa : arnica.

„ ends with a thin stool : æthusa.

„ from ironing : bryonia, sepia.

„ from slightest mental effort : natrum carb.

„ from the weight of the hat : calcarea phos., croton tig.

„ hunger causes headache : silica.

„ hungry during : elaps, phosphorus, p-orinum.

„ in the morning on the right and in the afternoon on the left side : bovieta.

„ in the vertex, ceases in the open air : aconite.

„ in spots : oxalic acid.

„ is better by washing the head : antimonium tart., asarum, cantharis, indium.

„ is felt even during sleep : chamom'illa, graphites.

„ is better by motion : bismuthum, dulcamara.

„ is better by motion or touch : bismuthum.

„ is better by emissions of flatus : cicuta, sanguinaria.

„ limited to a small spot over the left orbital ridge : aconite.

„ mostly on the right side : apis-mell.

Dr. S. T. Shannon, M.D.

- Headache of school girls :** *calcareea phos, natrum mur.*
- „ of school girls, with diarrhoea : *calcareea phos.*
- „ only when lying : *calendula.*
- „ on the left side with scanty menses, on the right side with profuse menses : *calcareea ost.*
- „ on the right side extends into the eye ; must keep the eye shut : *apis mell.*
- „ prevents laying down ; must sit or walk : *calendula, glonoinum, theridion.*
- „ relieved by coffee : *cornus, chamomilla, colocynthis, digitalis nux vomica.*
- „ relieved by conversation : *eupatorium perf.*
- „ relieved by cold applications : *aloe socc., calcarea ost., cyclamen, euphorbium, sulphur.*
- „ relieved by frequent sneezing : *lilium tig.*
- „ relieved by horse-back riding : *calcareea ost.*
- „ relieved by looking up and bending the head back : *apis mell.*
- „ relieved by moving about in the open air : *asafoetida, magnesia carb.*
- „ relieved by moving the head up and down : *china.*
- „ relieved by noseblood : *bufo, ferrum phos., hamamelis.*
- „ relieved by shaking the head : *gelsemium.*
- „ relieved by smoking : *diadema aranea.*
- „ relieved by urinating : *fluoric acid, gelsemium, ignatia, kalmia lat., silica, terebinthina.*
- „ relieved by warmth : *arsenicum alb., colchicum, cuprum acet., lachesis, magnesia mur., magnesia phos, nux vomica, rhododendron, rhus tox., silica, spigelia, strontia.*
- „ cease or change place on touch : *asafoetida.*
- „ from studying : *arsenicum iod.*
- „ return in winter : *bismuthum.*

Headache with increased urination : aconite, cinnabaris,  
eugenia, gelsemium, selenium, veratrum alb.

„ worse when among many people : magnesia carb.

„ worse when smoking : cocculus, ignatia, magnesia carb.

„ when working under gaslight : actra rac., glonoinum, natrum carb.

„ with desire for lemonade : belladonna.

„ with feeling as if cold water was poured down the back : alumina.

„ with not only visible but audible pulsations : belladonna.

„ worse from looking upwards : æthusa.

„ worse from heat, better from cold : alæ socc.

„ worse from lying down : antimonium tart., belladonna, calendula, chimaphilla glonoinum oxalic acid.

„ worse from sweating : chininum sulph.

„ worse on the side opposite to that lain on : calcaria arsen.

„ worse when laughing : arsenicum met.

## Experiences with Potencies

ALIAN D. SUTHERLAND, M.D.

(Continued from our November issue 1937)

CASE IV. At 9-30 a.m. April 25, I was asked to see a married woman twenty-one years of age, the wife of the above patient, who gave me the following story: Just after midnight she had a severe chill, followed by sweat, and succeeded in an hour or two by severe, cramping, labor-like pains in the lower abdomen and back, occurring every five to

ten minutes and producing a desire to bear down. Accompanying the pains was a flow of bright red blood. When I saw her the pains were very severe, the flow was very dark with much clotting. She was obliged to sit up with the pains which came every three minutes. Between pains she was exhausted and very pale. Her pulse was soft and regular, and with the pains very rapid.

Examination showed a uterus enlarged to the size of a two-months pregnancy with a soft cervix dilated just about enough to admit the examining finger. High up in the cervical canal was felt a mass which was thought to be a decidua.

A single dose of Secale 200 was given this girl at 10-45. In fifteen minutes the pains were much more bearable, the patient was calmer. About 11-15 she easily expelled a large mass of tissue having the appearance of decidua, whereupon her pains ceased and a normal lochial flow appeared. During the next two days she passed several clots without pain or difficulty. Her lochia ceased on the fourth day and she made an uneventful recovery. It is evident that this remedy worked faster and more efficiently, and just as completely, than curettage could have done, and with less danger to the patient—considering the circumstances under which such procedure would have had to be carried out.

CASE, V. A man 38 years old came to my office one afternoon "all of a flutter" and gave me the following history: Two weeks previously while digging a ditch he was struck in the peno-scrotal junction by the handle of his pick. The only complaint following this accident was a swollen sensation at the site of the injury until two days ago when a urethral discharge developed. The discharge was thick and creamy but not profuse. His penis feels swollen. There was a dull ache in the penis during and after urination with tenesmus, not painful, during the act. This aching was made worse by any jar or by lifting. There was much itching in

the urethra before urination. He gave no previous history of venereal infection and—believe it or not!—no history of recent exposure. However, a smear of the urethral discharge showed that gonococci were present!!

A single dose of Pulsatilla 200 was given. Five days later there was less discharge and the only subjective symptom present was itching during urination. He was given Sac. lac. and told to return in five days. On his third visit all symptoms had subsided, the only objective finding being shreds in the first glass of the two-glass urine test. A week later he still showed shreds in the first glass. One month later there were still shreds in the first glass, and so the urine was centrifuged and the sediment strained according to the Gram method. No gonococci were demonstrated. At this time a dose of Pulsatilla 1m. was given. Unfortunately I have not seen this man since, so I cannot say what the ultimate outcome of the case is. No local treatment of any sort was given and no medication of any sort except as described.

The cases I have so far discussed have been of the acute type. The results obtained in this class through the use of the potencies are frequently very spectacular because the contrast between sickness and health is so marked and improvement is so rapid. Yet the curative power of highly potentized drugs is just as sure and frequently as startling in chronic illnesses, though often not at all spectacular. The return to health is slower because there are a greater number of symptoms to combat and their eradication must follow an orderly regression according to the Hahnemann law of cure. In individuals manifesting evidence of one or more of the chronic miasms—psora syphilis or sycosis—the progress of cure is slow and difficult, and in elderly people often is not completed before death intervenes, though improvement under the truly indicated remedy is certain.

If you will bear with me a few moments longer, I should like to present a few cases of this nature for your consideration.

**CASE I.** A married woman of 45 came to me complaining of a blood-tinged leucorrhœa for the past two months which was made worse by intercourse, by lifting and by straining at stool. Further questioning revealed that her periods were very irregular, usually too early, lasting ten days. For the first two or three days the flow was no more than a show, later becoming very profuse, bright red and clotted. She flowed more freely on moving about. There was never any pain during the period though she complained of chilliness. About the third day of the menstruation she would develop a severe headache centering in either the right or left temple. The pain was constant and cutting in character and accompanied by nausea. Headaches  $\leftarrow$  by any motion and  $\rightarrow$  upon lying down and putting a hot water bottle to the head.

She said that she felt "keyed up" all the time and was constantly fearful that her menses would appear. She had no desire to do any work because everything looked too hard. There was a tendency to weep over trivial things. She imagined that she had cancer or some terrible disease was upon her. She always felt worse in the morning at 10 o'clock, and better in the evening while reading in bed. She frequently had a feeling of pressure in the forehead, especially when tender any nervous-strain, which was  $\rightarrow$  by walking in the open air. In general she felt better in warm weather. She felt no desire for intercourse.

She had had the various childhood diseases and acute nephritis when fourteen. She had delivered a normal child nineteen years ago. A year or so later she had an abortion, self-induced, from which she dates her present troubles. In April, 1933, she had had a D. & C. performed for diagnostic purposes and because she had a cervical polyp. The present symptoms she said were a recurrence of those present previous to the above operation.

Bimanual examination revealed the following conditions:  
A slight prolapsus, a second degree retroversion, a lacerated

and eroded cervix and two small, soft, easily bleeding tumors protruding from the cervical canal, probably polypoid in character.

A repertorial study of this case was made, using Boenninghausen's Pocket Book. Thirty-one rubrics were employed. Sepia was found to have thirty of the thirty-one symptoms, and on December 18 a single dose of the 1m. was given her. She reported on December 26 that she had had a slight headache December 25, beginning when she arose and lasting until 3-30 p.m. Her period began the next day and was exactly on time for the first time in three months. She was much less apprehensive, felt happier and less "keyed up."

On March 12 Sepia 1m. was repeated because of recurrence of the symptoms, though in a less aggravated form. She was last seen April 10, following her April period, when she stated that she had had less headache with this period than ever before. The flow was not profuse and there were no clots. The periods have been entirely regular since the first dose of Sepia and her nervousness and apprehension have entirely disappeared. She has had no blood-tinged leucorrhoea since her first dose of the indicated remedy.

CASE II. On February 4 I gave a dose of *Nux vomica* 200 to an old lady of seventy who told me that four weeks before she had caught cold and now was so lame all over that she could not keep still. The cold began as a watery discharge from the right side of the nose, < after sneezing. There was now a sensation of weight in the occipital region, < on stooping, with a dull pain in the forehead and over the right eye which was > by hot applications and < by putting the hands in cold water. She had pains in the joints which showed a tendency to shift from place to place. The nasal discharge was now thick and greenish. There was a stinging prickling sensation in the skin on going into the cold, so that she had to

wrap up warmly, even her head. She had a loose cough, at night, with the expectoration of thick greenish phlegm and accompanied by a scraping, sensation in the chest. She was apt to be dizzy when walking. She told me that she had done nothing for her cold except take aspirin and that she had not gotten any better. I found out that for several years have a free prosperity and a freer exchange of thought she had been in the habit of taking one or two aspirin tablets a day, just on general principles (which seems to be the way to prescribe that poison). While the above symptoms do not definitely indicate *Nux vomica*, I felt that this remedy was needed to clear away the suppressive effects of aspirin, hoping when that was accomplished that the true picture of her condition would be apparent.

That this line of approach was the right one is evidenced by the fact that she has shown a steady improvement to the present time. No other medication has been received except placebo—and she is not taking any more aspirin. I last saw her three weeks ago. A number of arthritic symptoms are beginning to appear, and I have learned that she first began to take aspirin a number of years ago for an arthritis which she thought she had cured by it. Eventually she will need some other constitutionally and deeper acting remedy which will cure the real trouble. *Nux vomica* in the meantime has simply been clearing the way for it.

The seven cases presented are simple run-of-the mill types. You all meet them every day in your own work. They are brought before you, not with the idea of making Sutherland great, but with the hope of making homeopathy greater.

—*Homœopathic Recorder.*

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# HAHNEMANN AND PSYCHOLOGY,

DR. W. S. PATRICK

(Continued from our October issue 1937).

As a practical psychologist Hahnemann was a genius and has left a tradition that we may all do well to emulate.

One dose of *Chamomilla* (in potency) will often transform the "only child" who is a problem to his parents and all others who wants things and when given them tosses them away who is never satisfied ; in to a model of sweetness. (I can recall three examples of this quite recently).

One dose of *Coffea* 30 (or higher will often cure, almost instantly, that type of insomnia resulting from turning over and over in one's mind the events and worries of the day. (*Coffea* people are invariably supersensitive).

A doleful child of eight had been treated for rickets (allopathically) and her mother told me amongst other things 'yellow all over', I did not see the child at this stage but sent along a dose of *Chelidonium maj.* 30 under which the jaundice cleared, later I got this—VERY sensitive to cold and A TERROR FOR CICKERS". She got *Cistun can.* 10 one dose and is now back to school—no longer doleful but 'a different child'.

*Arnica* works like a charm, not only for physical bruises, but when one is "bruised mentally"—'Weary with dragging the crosses Too heavy for mortals to bear.'

*Ignatia*—:uppressed, silent grief—the remedy of contradictions. *Staphisagria*—great indignation about things done by others, or himself. 'Bottled up sense of injury.'

And so one might continue.

In studying Homœopathic remedies, I often think in terms of fairy-lore—Oberon, Titania and Puck. I try to personify them as little people, living in some eerie seclusion of their own ; but always willing and ready to help mortals when called upon so to do. Nymphs, dryads elves and gnomes—thinking perhaps 'What fools these mortals be'—that they do not realize our presence. There is much in this world that is elusive that one cannot see or handle and yet that is *very real*. The Homœopathic fairies are real—THEY WORK.

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# BACILLINUM CASES

DR. WM. LAMB, M.B., C.M.

In the *Homœopathic World* of January there is an article by Dr. Young on "Bacillinum" which interested me much, owing to the successful use of the 200th potency. After reading Dr. J. C. Burnett's "New Cure of Consumption," I employed Bacillinum 30 in several cases, but with very indifferent results. In a woman suffering from tubercular phthisis, it had a beneficial effect on the pleurodynia, but had no really controlling influence over the disease itself, which marched steadily on to a fatal issue. Another little patient with tubercular meningitis it made no impression whatever upon, death taking place in about a week. Altogether I was disappointed. But the above-mentioned article with the higher potency with such magnificent results caused me to try Bacillinum again, but now in the 200th.

1st Case.—I had prescribed for some time for an elderly lady suffering from Lupus exedens over the left superior maxilla, with very unsatisfactory progress. I then advised Bacillinum, which she had in the 201st potency. One drop of this caused such medical aggravation, that she first thought of taking no more; but after a few days (I think 5) she ventured upon half a drop, which agreed, and 2 more doses healed the part up completely. Her general health has improved wonderfully.

2nd Case.—Another instance is that of a boy about 11 years old, who was reduced to the last extremity by tubercular ulceration of intestines. His disease had resisted three allopathic doctors before I saw him, and he was so very far through that the parents asked for a consultation with another doctor (allopathic), which I assented to. His verdict was to give the boy all the nourishment he could get, but that there was no hope for him. Just then Dr. Young's article came before me, and I decided to give Bacillinum 200 every

eightth day. His recovery took place steadily, and from being skin and bone, with constant abdominal pain and vexatious advine discharges of blood, fæces, and pus, he has become well-nourished, and has lost his pains, etc., entirely.

3rd Case.—A third case was that of a baby 14 months' old, who had been unsuccessfully treated at the Dunedin Hospital. It was emaciated to a degree, and was evidently not long for this world, and was another example of consumption of the bowels. I gave Bacillinum 200 mj every eighth day, with such perfect success that the father told me afterwards that the child had never been so well since its birth.

In the first case no other medicine was used. But it is only right to add that in both of the bowel cases I gave in addition Calc.-carb., 30 mj t.d.s.

But now, in conclusion, I want to make another statement of an opposite kind, and that is, I have given Bacillinum, both in the 30th and 200th, in that fell disease of infancy and childhood—I refer to acute tubercular meningitis—but with one result, viz., death. Of course my cases were indubitable specimens of the disease; there could be no manner of doubt about the diagnosis.

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## CHOLERA: ITS PATHOLOGY AND TREATMENT ACCORDING TO BIOCHEMISTRY.

DR. GEO. W. CAREY, M.D.

The word Cholera is a Greek term, and is derived from chole, or bile. It is now used in medicine, as indicating one of two or three forms of disease, characterized by purging and vomiting, followed by great prostration. I will not enter into an explanation of the symptoms of the different phases or degrees of cholera, cholera morbus, billious cholera, etc., but take up the true, or Asiatic Cholera, which kills from two or three patients out of five.

The biochemic pathology and materia medica does not deal with names, microbes or specific poisons in the blood, but with deficiencies and cause of deficiencies. Cholera is a condition characterized by violent emesis, diarrhoea, abdominal pains and cramps. But this is not a diagnosis clear enough to base the remedy on, according to biochemistry. The character of the alvine discharges must be known. The discharge from the bowels resembling rice water with flocculent sediment indicates a great disturbance in the grey matter of the nervous system, and, of course, a breaking up the continuity of the molecules of water throughout the entire organism, or, more properly speaking, a deficiency in *Natrum Muraticum*, without which water would be inert, and could not be held in the blood. The chief cause of the acute attack is the breaking away of the water from the blood and blood serum. But the primary cause is an oversupply of water in the blood, caused by an atmosphere heavily charged with water. Cholera does not continue in a temperature below 70°, because below that point the heat is not great enough to hold water in solution in the air sufficient to produce the condition. Remember that the supply of *Natrum Sulphate* in the blood regulates the amount of water in the blood and the blood serum, but should the blood receive more water from any source than there is *Nat. Sulph.* present to eliminate, an abnormal condition prevails, because the blood must furnish the nerves, muscles, and all tissue of the body what it has in hand. If certain conditions are favorable, the patient with too much water in the blood will have simple chills and fever,—the chill being simply a spasm of the nervous, muscular and vascular system to throw out the excess of water in the blood, and the fever following being the result of rapid circulation, caused by the effort to carry oxygen to all tissue of the body to supply the deficiency caused by the chill.

Now, if the amount of water in blood be still greater, and from certain combination of causes be discharged through the bowels a watery diarrhoea or cholera is the result. The liver

seems first to empty its contents, the bile having being become thinned by the excess of water in the system. The first discharges in cholera are colored with bile, but later on the discharge becomes clear or colorless. All the outlets of the body seem to be closed against the outflow of water, except the bowels. The urinary secretions become dried at their source, and the pores closed.

As long ago as 1852 Peyton wrote that "very remarkable effects have been found to follow the injection into the veins of a dilute solution of saline matter, resembling, as nearly as possible, the inorganic salts of the blood which have been drained away." (The italics are mine).

Natrum Sulphate is a preventive of cholera, because it regulates the water in the blood, and should be taken in hot weather, especially in low districts, because the moist air is found there.

Cholera, malaria, etc., do not prevail in a high altitude. It is the damp air or water in the air that causes these conditions, and not swamps, poor drainage, miasma, etc. For the same people, living in the same locality, cease to suffer from these complaints as soon as the temperature falls below 70°, or, in other words, as soon as the atmosphere becomes dry these symptoms disappear.

The germ theory must go. The great Dr. Koch in 1877 went to India during the cholera epidemic to search for the cause of cholera. A microscopic examination of the cistern water (it had never been examined before) revealed a bacilli resembling little sticks, which he named comma bacilli, and sagely concluded he had found the cause of cholera. The fact, or supposed fact, that the cause of cholera had been discovered, was telegraphed to earth's remotest bounds and the fatted calf was killed and Koch immortalized, but nothing was found to kill the comma bacillus and let the patient live.

**Dr. Geo. W. Carey, M.D.**

After the scourge subsided, because of a lower temperature, some doctors, who were skeptical about the microbe business, went down to India to look for Koch's cholera germ, and found him alive and enjoying good health in the cistern water, but he refused to bite any more.

The fact is, these microbes are found in the excreta of the patient suffering from an ordinary attack of diarrhoea. They are the product of decaying organic matter, and do not cause disease. I predict that twenty years hence quarantine will be unknown in all the world, for the cause of disease will be fully understood, and the case be in every man's hands.

Treatment of cholera with tissue remedies is as follows :

Preventive, Natrum Sulph. ; at commencement of disease, Ferrum Phos., and Kali Phos ; for cramps, Magnesia Phos.

After a case has progressed two hours or more, Ferrum Phos, Kali Phos. or Mag. Phos. in combination, and Natrum Muriaticum in alternation.

Does should be given every five minutes, and the patient be urged to drink as much hot water (just plain, common hot water) as possible. A copious injection of hot water should be given every hour until relief is obtained, which will be in from two to four hours. A half teaspoonful of salt should be added to each quart of water. The moment there is a favorable change, give Kali Sulph. in often repeated doses until free perspiration sets in, and then give light nourishment immediately, but no stimulants.

The lower potencies act best in acute bowel troubles. From first to 6 x will meet all cases.

To the many liberal physicians in the United States who have so kindly and favorably received my articles on biochemistry, I will say, keep calm if you have any cases of cholera. Do not take it for granted by any means that you have a dread monster to grapple with which will, in all probability,

destroy your patient, but realize you are only confronted by a condition, caused by a deficiency of the inorganic salts of the blood. Go to work in earnest, and with faith in the omnipotent laws of nature and Nature's God, according to the mode of procedure outlined in this article, and the terrors of the demon called cholera will disappear "like the baseless fabric of a dream."—THE HOMŌPATHIC NEWS.

## The Strange History of Vaccination

DR. RAMGER.

"THE VACCINATION PROBLEM"\* is an exhaustive enquiry into the subject of vaccination and is the result of nearly forty years continuous research by the author, who began his study as a believer in vaccination, but was soon compelled to change sides because of the strength of the anti-vaccinist case.

The book begins with an account of the origin of vaccination and traces the political-social course it ran during the nineteenth century and after. Edward Jenner, if not the discoverer, was the pioneer of vaccination. Offered as a substitute for the dreaded remedy of inoculation, vaccination became speedily accepted without too close scrutiny, and in 1802, six years after his first experiment, Jenner was granted £10,000 by Parliament, which was increased in 1806 by a further £20,000.

Thus from the beginning vaccination won State recognition and, in spite of the fact that a few dissentient voices were raised when it was found that vaccination sometimes fell short of what had been claimed for it, establishment were set up for the vaccination of the population. At first working as voluntary clinics, these establishments came under the provision of the Boards of Guardians in 1840. The practice of

\*The Vaccination Problem, by Joseph P. Swan (Daniel, 5s.)

Dr. Ramjee.

Vaccination, however, did not 'take' wholeheartedly; many parents refusing to have their children vaccinated. The demand for compulsion made by doctors and vaccinators became strong and in 1853 Parliament passed an Act making vaccination compulsory. With the passing of this Act started the popular movement against vaccination. In 1861 and 1867 further Acts were passed, strengthening compulsion by providing more stringent penalties for default. Opposition became organised, branches were set up over the country and propaganda was issued in the form of pamphlets and a weekly magazine called The Anti Vaccinator.

In spite of a Bill introduced into Parliament in 1871 as a result of the evidence of a special committee, wherein a clause limiting penalties was amended by the House of Lords, the amendment being carried by one vote, compulsory vaccination continued up to the setting up of the Royal Commission in 1888. (In the meantime anti-vaccinist opposition had considerably increased and was supported by a volume of statistical and other evidence and by a few doctors, notably Dr. Creighton and Professor Crookshank, who both stood high in their profession).

In 1892 the Royal Commission issued an Interim Report which proposed that repeated penalties should be abolished and that those imprisoned under the Vaccination Acts should not be treated as criminals. — Naturally the issue of this report caused some consternation in pro-vaccinist circles. In 1875 the Final Report was issued. It proposed great mitigation of the existing form of compulsion and recommended exemption on the grounds of conscientious objection. Even so, there were four dissentient Commissioners who advocated total abandonment of compulsion and put forward their views in a Minority Report.

Delayed by all the vicissitudes of government: general elections, changes in temper and balance of parties, and the influence of the Upper House, a Bill was at last passed in 1898,



embodying the Conscience Clause. Later in 1907 another Bill was passed authorising mothers to make declarations of conscientious objection. Since then no important vaccination legislation has been passed. Therefore vaccination to-day is almost as compulsory as it was after the passing of the 1898 Bill, the only way of escape being provided by the Conscience Clause. It is true that compulsory vaccination seems to be a dead letter now (though most schools insist on it), but it can be revived at any time. Such is the history of a very remarkable example of interference with the liberty of the subject, and that too in a democracy governed by an elected parliament.

The author shows us on what grounds this interference rests. His examination of the theory of vaccination is penetrating and tears the whole case to shreds. Long before the practice became compulsory, Jenner chopped and changed his theory, trimming his sails to meet every wind of criticism, and his disciples followed his example. Thus Jenner himself repudiated the idea that the ordinary cowpox contracted by milkers gave protection: the vaccine must be derived from the disease of the horse known as the 'grease'; finding this theory unpopular he resorted to natural or spontaneous cowpox; later still, he reverted to the 'grease.' Since then, of course, the lymph has been taken from human small-pox, sheep pox, goat-pox, etc.

Jenner's followers behaved in the same way with regard to variolous tests, questions of 'true' and 'spurious' lymph, methods and strength of injection and (itself a contradiction of Jenner's early statement-) the question of the frequency of revaccination necessary for safeguarding. Their Protean changes of front make almost farcical reading because in every case the consideration of pure expediency is so plainly the guiding motive. A century of these tactics has involved the supporters of vaccination in a labyrinth of contradiction.

The reason for this great uncertainty is obvious. Vaccination, as the author shows, rests on an entirely empirical and not theoretical basis. The want of a rational basis for the practice has forced pro-vaccinists to adopt tactics of expediency and empirical methods instead of arguing from a groundwork of knowledge and medical principle.

The author has dealt with vaccination from every possible aspect. Chapters are devoted to "Pure Calf Lymph," the history of smallpox, its nature and purpose as a disease, and (with special reference to vaccination) its progress in the Army and Navy as well as over the United Kingdom, the experience of other nations in dealing with it, and the effects of isolation and sanitation upon it. Therefore a great part of the book is argued with the help of statistical tables. These are notoriously apt to mislead (as, indeed, the author demonstrates, they have misled pro-vaccinists), but it is difficult to find a reason for suspecting the author of injustice, for the evidence would appear to be substantially complete.

The tablets are most illuminating and constitute a very strong argument against the pro-vaccinist case. The chief example is provided by the town of Leicester (where the anti vaccination movement was strong) which relied upon sanitation instead of vaccination and escaped almost unscathed when highly vaccinated towns were being ravaged by small-pox. The tables of vaccination and re-vaccination in the Army and Navy and abroad prove vaccination to be rather a danger than a help, or at least an irrelevant factor. That vaccination does not provide protection is shown by the examples of newly vaccinated or re-vaccinated persons, some of them doctors and nurses, who have succumbed to small-pox. Tables showing the incidence of small-pox over a number of years show that the decrease of small-pox has continued with the decrease of vaccination and with the increase of sanitation and isolation; the book points conclusively to the last two factors as the really effective weapons against small-pox.

When one wonders why vaccination has persisted so long, one must remember the dread and universal scourge small-pox was in the eighteenth and nineteenth centuries, carrying off or hideously disfiguring for life large numbers of the population. Any means promising some kind of immunity, however imperfect, were welcome. Some of the support for compulsory vaccination came from person who genuinely believed that to abandon it would be criminal folly. The terrible epidemics of the nineteenth century unfortunately taught them nothing and the history of vaccination might close with a sigh of regret at this spectacle of human ignorance and weakness blindly clutching at anything, were it not for the dark side provided by the British Medical Association's refusal to abandon vaccination for reasons of pride and power, and the obstruction of lymph manufacturers and others concerned only with profit, who have spent large sums on vaccination propaganda. And after reading this book one cannot deny that these professional and commercial interests have been at least half the power behind vaccination, if not its mainspring.

—*Health and Life.*

## Methods of Case Taking

EUGENE UNDERHILL, JR., M.D.

(Continued from our November issue 1937).

Symptom Record forms containing questions and providing spaces for written answers are practical and helpful but are rather time consuming and laborious for the patient and by no means the last work in either convenience or compactness for the physician. Years of experience in handling this form of record has shown that it is best to have the answers or symptoms typed off on plain type-writer paper, allowing a separate line for each symptom. Only then can the record be scanned with any degree of ease or satisfaction. This of course involves time, labor and material. A new form of Case Record which will fit into an ordinary 6½-inch envelope has been

developed after the expenditure of considerable time and effort. This record lists several hundred symptoms and conditions in a very brief way. The idea is that as the patient reads over the lists he will "react" to any symptom that relates to him. A cross or "X" is placed in the little square in front of each symptom experienced by the patient, and a double "X" in front of those which are recent or especially troublesome. To the right of the symptoms there are three columns of figures headed "B," "C," "K." The figures under "B" and "K" refer to page numbers in Allen's Hoenninghausen and Kent's Repertory respectively, and those under "C" to a specially augmented edition of Rogers' Card Repertory. The time saved by these page and card numbers and cross references covering three different repertories is considerable. This Case Record form is subject, of course, to evolutionary development and very definite improvement. However, it works surprisingly well even in its first edition, carrying as it does many imperfections and some glaring defects.

It is said that a new model automobile will show up more defects in a month in the hands of the public than can be discovered in a year of grilling on the automotive proving grounds. This Case Record form has suffered a like fate. It omits many important symptoms which will appear in a later edition. It contains a few useless and unused symptoms which will be deleted. The arrangement can be improved. The wording of some symptoms can be made more concise. A number of reference errors require correction. More space should be allowed for specimen menus. More blank pages must be provided for explanatory notes and to provide space for the physician to enter the prescriptions made from time to time and any necessary notations on the progress of the case.

From thirty to sixty symptoms or conditions are checked in the average chronic case. If fewer than a dozen symptoms are marked it usually means carelessness, indifference or lack

of self-observation on the part of the patient, and if there is also an omission of the specimen menus and of answers to the few direct questions asked it often signifies doubt on the part of the patient as to the value or practicability of the record form. If a hundred or more symptoms are checked it usually denotes a neurotic, morbid or hysterical individual. Experience in the use of several hundred of these Case Record forms has shown that the scheme appeals to the majority of patients of both sexes and of widely differing grades of intelligence and education. Most of them take a real interest in it and endeavour to mark the symptoms and answer the questions to the best of their ability. In a number of instances this little Case Record has proven its worth by clarifying some very knotty problems, and untangling difficult cases where incorrect prescriptions had previously been made. Its range is surprisingly broad even in its present imperfect form inasmuch as a large number of remedies including some infrequently used ones have been worked out and checked by the application of the remedy to the patient. It provides a practical supplemental means of eliciting symptoms and selecting the remedy in a worth while percentage of chronic cases.

Another angle in the use of such a record form is the opportunity it affords to check over the symptoms with the patient from time to time, to observe what symptoms have disappeared under treatment and to qualify and amplify if necessary those which are doubtful or incomplete. Used in this way, one can easily overcome any limiting and restricting tendency which any set form of symptom record is apt to impose. As an aid in long distance prescribing for patients who live in another city or remote part of the country, this little Case Record has already more than justified itself.

(To be continued)

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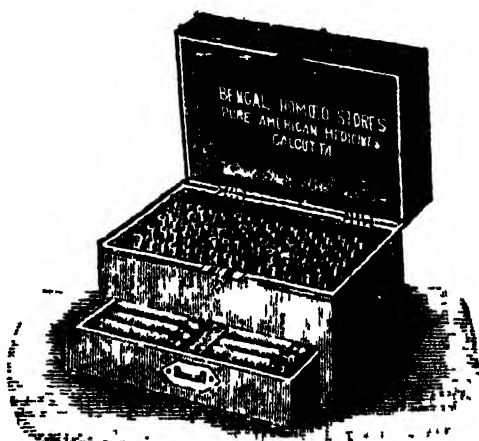
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